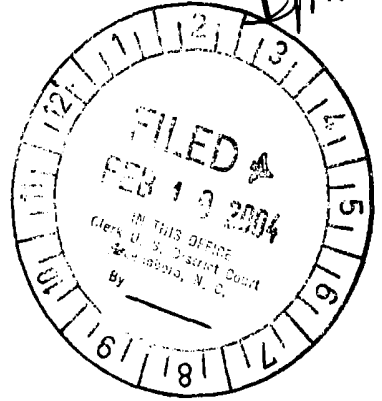


IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF NORTH CAROLINA

CIVIL ACTION NO.

1:04CV00171



CYNTHIA D. BARNHILL,

Plaintiff,

v.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY,

Defendant.

NOTICE OF REMOVAL

PLEASE TAKE NOTICE that the defendant State Farm Mutual Automobile Insurance Company ("State Farm"), pursuant to the provisions of 28 U.S.C. §§ 1441 and 1446, files this Notice of Removal of the above-styled action to the United States District Court for the Middle District of North Carolina, and respectfully states as follows:

1. On or about January 15, 2004, the plaintiff commenced a proceeding against the defendant by the filing of a complaint in the General Court of Justice, Superior Court Division, Orange County, North Carolina, styled Cynthia D. Barnhill v. State Farm Mutual Automobile Insurance Company, Case No. 04 CVS 88, which proceeding is currently pending. A copy of the complaint is attached hereto as Exhibit

1.

2. Defendant received a copy of the complaint setting forth the plaintiff's claims upon which this action is based when it was served through the Department of Insurance on January 20, 2004 with the summons and complaint.

3. This case is a civil action within the meaning of the Acts of Congress relating to the removal of causes. The defendant has filed no pleadings or papers in this action in state court and the time during which State Farm is required by state law or rules of court to answer or to plead to the plaintiff's complaint has not expired. No other process, pleading or order has been served on the defendant.

4. This civil action arises out of claims by the plaintiff for breach of contract, unfair and deceptive trade practices, and extra-contractual bad faith. The complaint seeks compensatory and punitive damages.

5. This action is removable because there is diversity of citizenship and the requisite amount in controversy as required by 28 U.S.C. §1332. The plaintiff, Cynthia D. Barnhill, is alleged to be a resident of Orange County, North Carolina. State Farm is a corporation organized and existing under the laws of the State of Illinois, and has its principal place of business in Bloomington, Illinois. Accordingly, complete diversity exists between the parties in this case.

6. The United States District Court has subject matter jurisdiction over this action pursuant to 28 U.S.C. § 1332 because there is a diversity of citizenship among the necessary and properly named parties and, upon information and belief, the amount in controversy, exclusive of interest and costs, exceeds \$75,000.00. This action is therefore removable to this Court pursuant to 28 U.S.C. § 1441(b).

7. This Notice of Removal is timely filed pursuant to 28 U.S.C. §1446(b) and Rule 81 of the Federal Rules of Civil Procedure because it is filed within forty-two (42) days after receipt by the North Carolina Department of Insurance, of a copy of the initial pleading setting forth the claim for relief upon which this action or proceeding is based.

8. By filing this Notice of Removal, State Farm does not waive any of its objections to personal jurisdiction or other affirmative defenses.

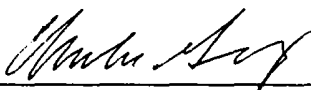
9. Pursuant to 28 U.S.C. § 1446(d), State Farm will file a Notice of Filing this Notice of Removal, with a copy of this Notice of Removal, with the state court and thereby will notify the Clerk of the General Court of Justice, Superior Court Division, Orange County, North Carolina of the removal.

10. A copy of the Notice of Filing of Notice of Removal to be filed in the General Court of Justice, Superior Court Division, is attached hereto as Exhibit 2. State Farm has served a copy of the Notice of Removal on the plaintiff in accordance with 28 U.S.C. § 1446(d).

WHEREFORE, this action is hereby removed to this Court from the General Court of Justice, Superior Court Division, Orange County, North Carolina.

This the ^{19TH}~~18th~~ day of February, 2004.

PATTERSON, DILTHEY, CLAY, BRYSON & ANDERSON, L.L.P.

By 

Scott Lewis
State Bar No. 22167
Charles George
State Bar No. 21003
Attorneys for Defendant
2516 Independence Blvd., Suite 200
Wilmington, NC 28412
Telephone (910)452-2797

CERTIFICATE OF SERVICE

This is to certify that the undersigned, counsel for State Farm Mutual Automobile Insurance Company, has this date served Notice of Removal in the above captioned action upon all parties to this cause by depositing the original and/or a copy thereof, postage prepaid, in the United States Mail, addressed to the attorney(s) for said parties.


SERVED:

Lisa Lanier
Kevin Ginsberg
Lanier Law Group, P.A.
600 South Duke Street
Durham, NC 27701

This ^{19TH} ~~18TH~~ day of February, 2004.

PATTERSON, DILTHEY, CLAY, BRYSON & ANDERSON, L.L.P.

By



Scott Lewis
State Bar No. 22167
Charles George
State Bar No. 21003
Attorneys for Defendant
2516 Independence Blvd., Suite 200
Wilmington, NC 28412
Telephone (910)452-2797

STATE OF NORTH CAROLINA

ORANGE County

File No.

04 CWS 88

In The General Court of Justice

☐ District ☒ Superior Court Division

Name of Plaintiff

Cynthia D. Barnhill

Address

1745 Legion Road

City, State, Zip

Chapel Hill, North Carolina 27517

VERSUS

Name of Defendant(s)

State Farm Mutual Automobile Insurance Company

CIVIL SUMMONS

SERVICE BY CERTIFIED MAIL

G.S. 1A-1, Rules 3.4

☐ Alias and Pluries Summons

Date Last Summons Issued

To Each Of The Defendant(s) Named Below:

Name And Address of Defendant 1

State Farm Mutual Automobile Insurance Company
 James E. Long, Commissioner of Insurance
 Registered Agent
 430 North Salisbury Street
 Raleigh, North Carolina 27611

Name And Address of Defendant 2

A Civil Action Has Been Commenced Against You!

You are notified to appear and answer the complaint of the plaintiff as follows:

1. Serve a copy of your written answer to the complaint upon the plaintiff or plaintiff's attorney within thirty (30) days after you have been served. You may serve your answer by delivering a copy to the plaintiff or by mailing it to the plaintiff's last known address, and
2. File the original of the written answer with the Clerk of Superior Court of the county named above.

If you fail to answer the complaint, the plaintiff will apply to the Court for the relief demanded in the complaint.

Name And Address of Plaintiff's Attorney (If None, Address of Plaintiff)

Lisa Lanier and Kevin Ginsberg

Lanier Law Group, P.A..

600 South Duke Street

Durham, North Carolina 27701

Date Issued

1-15-04

Time

11:55

☒ AM ☐ PM

Signature

Shirley Clark

☒ Deputy CSC☐ Assistant CSC☐ Clerk of Superior Court☐ ENDORSEMENT

This Summons was originally issued on the date indicated above and returned not served. At the request of the plaintiff, the time within which this Summons must be served is extended thirty (30) days.

Date of Endorsement

Time

☐ AM ☐ PM

Signature

☐ Deputy CSC☐ Assistant CSC☐ Clerk of Superior Court

NOTE TO PARTIES: Many Countries have MANDATORY ARBITRATION programs in which most cases where the amount in controversy is \$15,000 or less are heard by an arbitrator before a trial. The parties will be notified if this case is assigned for mandatory arbitration, and, if so, what procedure is to be followed.

EXHIBIT

tabbies

1

STATE OF NORTH CAROLINA
COUNTY OF ORANGE

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
FILE NO.:

CYNTHIA D. BARNHILL,

Plaintiff,

v.

STATE FARM MUTUAL
AUTOMOBILE INSURANCE
COMPANY,

Defendants

COMPLAINT

FILED

11:15 AM 11:56

NOTED

NOW COMES Plaintiff, by her attorneys, Lisa Lanier and Kevin Ginsberg and the law firm of Lanier Law Group, P.A., complaining of Defendants, says and alleges as follows:

1. Plaintiff, Cynthia D. Barnhill (hereinafter referred to as "Plaintiff"), is a citizen and resident of Orange County, North Carolina.
2. Defendant, State Farm Mutual Automobile Insurance Company (hereinafter referred to as "Defendant"), is an insurance company duly organized and existing pursuant to the laws of North Carolina or some other state unknown to the Plaintiff, with offices in Orange County, North Carolina, and licensed and doing substantial business in Orange County, North Carolina at all times alleged herein.
3. The Defendant is engaged in the business of providing insurance protection for medical payments and other insurance coverages through the issuance of insurance policies upon payment of a premium by the insured. That prior to May 13, 2002, Cynthia Barnhill did purchase from the Defendant an automobile insurance policy, policy number 19 4224-D20-33A, covering a 2001 Honda, and said policy was paid for and in full force and effect at all times herein alleged, and that said policy included liability insurance coverage and medical payments.
4. The purpose of medical payments coverage is to provide reimbursement for any reasonable expenses incurred for necessary medical services because of bodily injury caused by accident and sustained by a covered person while occupying or as a result of being struck by a motor vehicle.

5. That on or about May 13, 2002, the Plaintiff was the operator/occupant in the 2001 Honda described above and covered by the policy described above, when said automobile was involved in an automobile collision within the City of Chapel Hill, North Carolina, as evidenced by the official investigative accident report attached hereto as Exhibit A and incorporated herein by reference as if fully set out.

6. That as a result of the said collision, the Plaintiff sustained severe and potentially permanent injuries to her person, including but not limited to the following:

Plaintiff's Injuries:

- a. Right shoulder rotator cuff tear;
- b. Right knee pain; and
- c. Cervicalgia.

7. As a result of the Plaintiff's injuries caused by the aforementioned collision, it was necessary for the Plaintiff to receive medical attention and treatment, for which Plaintiff incurred or has become obligated for payment in the amount of \$26,142.41 in reasonable medical fees to the following medical service providers: Triangle Orthopaedic Associates, The North Carolina Family Doctor, Avalon Medical Group, Raleigh Facial Pain Services, UNC Physicians and Associates, Durham Regional Hospital, Durham Radiology, and North Carolina Specialty Hospital. Copies of said medical bills are attached hereto as Exhibit B and incorporated herein by reference. Medical reports from Triangle Orthopaedic Associates, The North Carolina Family Doctor, Avalon Medical Group, Raleigh Facial Pain Services, UNC Physicians and Associates, Durham Regional Hospital, Durham Radiology, and North Carolina Specialty Hospital are attached hereto as Exhibit C and incorporated herein by reference.

8. Said medical bills and medical reports attached hereto make it clear and evident that the incurred expenses were reasonably necessitated by Plaintiff's injuries as a result of the automobile collision on May 13, 2002.

9. That Plaintiff's policy has a limit of liability for medical payments coverage in the amount of \$25,000.00.

10. Under the terms of medical payments provision of said policy, the Plaintiff is a "covered person" entitling her to receive benefits under said policy for reasonably necessary medical expenses incurred as a result of injuries arising out of the aforementioned automobile collision.

11. Under the insurance policy in effect between Plaintiff and Defendant, the Defendant is obligated to reimburse the Plaintiff for expenses listed above in the amount of \$25,000.00. The Plaintiff has fulfilled all conditions precedent to entitle her to payment under this policy.
12. The Plaintiff has made demand on the Defendant for payment under the policy, as evidenced by the letter attached hereto as Exhibit D, said letter having attached to it copies of all bills described herein as Exhibit B.
13. The Defendant has refused to honor the terms of the insurance contract by refusing to pay the Plaintiff the sum of \$25,000.00, demanded by Plaintiff.
14. The Defendant has acted in such a manner and with such frequency in respect to medical payments claims, indicating a general business practice of the following:
 - a. Misrepresenting pertinent facts or insurance policy provisions relating to coverage at issue, including a representation that medical expenses incurred within three years of the accident will be paid. The policy does not state that the Defendant will hire a consultant to review the written report and bill of the claimant's treating physician and then determine a reasonable allowance for the cost of treatment, but instead has represented that reasonable expenses will be paid by the Defendant;
 - b. By denying medical payments claims, in whole or in part, without conducting a reasonable investigation based upon all available information, that the Defendant has not sought to obtain information directly from the treating physician, nor has it sought independent medical examination;
 - c. By failing to effectuate a prompt, fair and equitable settlement of claims in good faith;
 - d. By making claims payments to the insured's or beneficiaries without a statement setting forth the coverage under which the payment was being made and an explanation of why certain payments were being made and certain payments were not being made; and
 - e. By failing to promptly provide a reasonable explanation of any basis in the insurance policy in relationship to the facts or applicable law when denying a claim.

15. The Defendant's aforesaid actions are unfair and deceptive acts or practices in the business of insurance as defined by North Carolina General Statute 58-63-15(11).
16. The Defendant's refusal to honor its contract on this basis constitutes an unfair and deceptive trade practice under North Carolina General Statutes 75-1.1.
17. That as a direct and proximate result of the aforesaid unfair and deceptive trade practices of the Defendant, the Plaintiff has been injured and damaged in excess of \$10,000.
18. That under North Carolina General Statute 75-16, the Plaintiff is entitled to recover treble damages.
19. That the Defendant has breached its contract with its insured by failing to make payment as demanded by the Plaintiff, and as a result, the Plaintiff has sustained damages in excess of \$10,000.
20. That Plaintiff is entitled to recover of Defendant punitive damages in a sum in excess of \$10,000.00 for Defendant's bad faith and unfair trade practices.

WHEREFORE, the Plaintiff respectfully prays the Court for relief as follows:

1. That she have and recover of the Defendant a sum in excess of \$10,000.00, plus interest from the date of the filing of this action and post judgment interest until paid for compensatory damages;
2. That she have and recover of the Defendant a sum in excess of \$10,000.00, plus interest from the date of the filing of this action and post judgment interest until paid for punitive damages;
3. That all issues of fact be tried by a jury;
4. That the Defendant be taxed with the cost of this action, including a reasonable fee for the Plaintiff's attorney as provided by North Carolina General Statute 6-21.1 and/or as provided by North Carolina General Statute 75.16.1; and
5. For such other, further and different relief as the Court deems just and proper.

This the 14 day of January, 2004.

LANIER LAW GROUP, P.A.



LISA LANIER

Attorney for Plaintiff

600 South Duke Street

Durham, North Carolina 27701

Telephone: (919) 682-2111



KEVIN GINSBERG

Attorney for Plaintiff

600 South Duke Street

Durham, North Carolina 27701

Telephone: (919) 682-2111

STATE OF NORTH CAROLINA
COUNTY OF ORANGE

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
FILE NO. 04 CVS 88

CYNTHIA D. BARNHILL,

Plaintiff,

v.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY,

Defendant.

NOTICE OF FILING OF NOTICE OF
REMOVAL

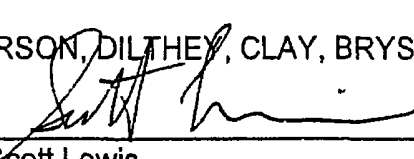
Please take notice that the defendant State Farm Mutual Automobile Insurance Company, in the above-entitled action, has this day sent a Notice of Removal to the Office of the Clerk of the United States District Court for the Middle District of North Carolina. True copies of said Notice of Removal are attached hereto.

You are hereby advised that the defendant State Farm, after filing such Notice of Removal in the Office of the Clerk of the United States District Court for the Middle District of North Carolina, has also filed copies thereof with the Clerk of Superior Court for Orange County, North Carolina, to affect removal pursuant to 28 U.S.C. § 1446.

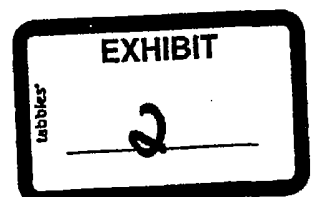
This the ^{19th}~~18th~~ day of February, 2004.

PATTERSON, DILTHEY, CLAY, BRYSON & ANDERSON, L.L.P.

By



Scott Lewis
State Bar No. 22167
Attorney for Defendant
2516 Independence Blvd., Suite 200
Wilmington, NC 28412
Telephone (910)452-2797



CERTIFICATE OF SERVICE

This is to certify that the undersigned, counsel for defendant, has this date served Notice of Filing of Notice of Removal in the above captioned action upon the plaintiff in this cause by depositing the original and/or a copy thereof, postage prepaid, in the United States Mail, addressed to the attorney(s) for said parties.

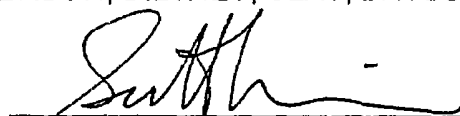
SERVED:

Lisa Lanier
Kevin Ginsberg
Lanier Law Group, P.A.
600 South Duke Street
Durham, NC 27701

This ^{19th}~~18th~~ day of February, 2004.

PATTERSON, DILTHEY, CLAY, BRYSON & ANDERSON, L.L.P.

By



Scott Lewis
State Bar No. 22167
Attorney for Defendant
2516 Independence Blvd., Suite 200
Wilmington, NC 28412
Telephone (910)452-2797

EXHIBIT A

2

No. of Units Involved Form 1 of 2 ☐ Supplemental Report ☐ Non-Reportable

0212540

1	Date	County	Time	Local Use/Patrol Area	Date Received by DMV
3	05/13/2002	ORANGE	0737	STANDISH	

2	L 33 Relation to Crash <input checked="" type="checkbox"/> In O Roadway Surface 1 Occurred <input type="checkbox"/> Near CHAPEL HILL C Municipality A on PVA (1745 LEGION RD) T Highway Number, or Highway, Street (If ramp or service road, indicate on line) (R.R. Crossing =) 1 Miles ft. N S E W I (0 ft. Intersection) (If available) O at or from LEGION RD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> toward Latitude N X Use Highway Number, Street Name or Adjacent County or State Line N S E W Use Highway Number, Street Name or Adjacent County or State Line Longitude Altitude	31
---	--	----

4	UNIT# 1 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL 20 VEHICLE Driver CYNTHIA DIANNE BARNHILL First Middle Last Address 1745 LEGION ROAD City CHAPEL HILL State NC Zip 27514 Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone H (919) 942-5726 Numbers W () D.L.# 4102850 State NC CDL License <input type="checkbox"/> DOB 10/15/1958 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restriction 1 37 Alcohol/ Drugs Suspected 0 38 Alcohol/ Drugs Test 0 39 Results (if known) 0.0 40 Vehicle Seizure (DWI) <input type="checkbox"/> Owner DEEDRA ANN DONLEY Same as Driver? <input type="checkbox"/> Address 1745 LEGION RD Same Address as Driver? <input checked="" type="checkbox"/> City CHAPEL HILL State NC Zip 27514 Plate # PNC6634 Plate NC Plate Year 2002 VIN JHLRD18661C041312 Vehicle Make HOND Year 2001 41 Vehicle Style (Type) 4 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD LBQ1 Estimated 44 Damage \$1,000.00 Insurance Company STATE FARM Policy # 0174224D2033	UNIT# 2 <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> OTHER Driver MICHAEL PATRICK IRWIN JR First Middle Last Address 1753 LEGION RD City CHAPEL HILL State NC Zip 27514 Same Address on Driver's License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Driver's Phone H (919) 932-5891 Numbers W (919) 929-2106 D.L.# 8888788 State NC CDL License <input type="checkbox"/> DOB 03/11/1976 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restriction 0 37 Alcohol/ Drugs Suspected 0 38 Alcohol/ Drugs Test 0 39 Results (if known) 0.0 40 Vehicle Seizure (DWI) <input type="checkbox"/> Owner MICHAEL PATRICK IRWIN JR Same as Driver? <input checked="" type="checkbox"/> Address 1753 LEGION RD Same Address as Driver? <input checked="" type="checkbox"/> City CHAPEL HILL State NC Zip 27514 Plate # MYT2714 Plate NC Plate Year 2001 VIN 4TARN81A0RZ179112 Vehicle Make TOYT Year 1994 41 Vehicle Style (Type) 2 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD BL1 Estimated 44 Damage \$150.00 Insurance Company INTEGRON Policy # SAN9414580	10
---	---	---	----

20 COMMERCIAL VEHICLE: Carrier Name, Address, Source	Source	Carrier Identification Numbers, GVWR, Axles
45 Cargo Body Type <input type="checkbox"/> Same Address as Owner?	<input type="checkbox"/> Truck	US DOT# ICC# Axles on Vehicle Including Trailers
	<input type="checkbox"/> Shipping papers	State State# IFTA#
	<input type="checkbox"/> Driver	FEI# Fleet# Gross Vehicle Weight Rating

21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Person (Unit 1/Unit 2 drv. Ped, etc. - See Above): Use check blocks if address same as Driver
A	1	1	1	W	F	2	1	0	2	1	5	see above
B	2	1	1	W	M	2	0	0	2	1	5	see above
C												
D												
E												
F												
G												
H												

46 Name of EMS

46 Name of EMS

47 Injured Taken
by EMS to

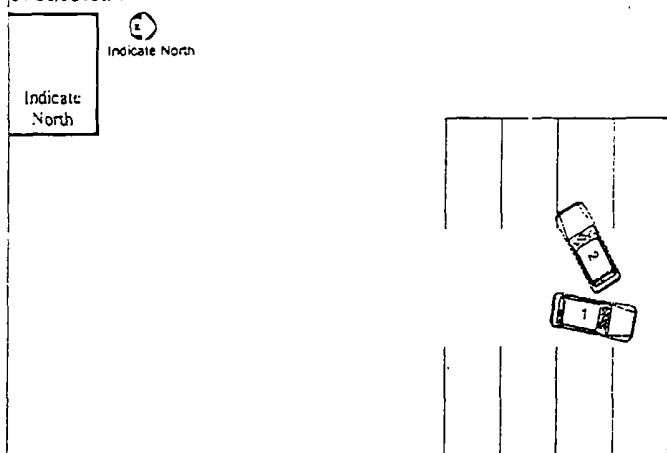
(Treatment Facility and City or Town)

47 Injured Taken
by EMS to

(Treatment Facility and City or Town)

55 POINTS OF INITIAL CONTACT (Write in Codes)		Unit #1 7	VEHICLE INFO.		Veh #1	Veh #2	ROAD INFO.	WORK ZONE RELATED	
		Unit #2 8	60 Authorized Speed Limit		0	0	69 Road Feature	0	78 Workzone Area
CRASH SEQUENCE (Unit Level)		Unit #1 Unit #2	61 Estimate of Original Traveling speed		5	5	70 Road Character	1	79 Work Activity
49 Vehicle Maneuver/Action		4 10	62 Estimate of Speed at Impact		5	5	71 Road Classification	5	80 Work Area Marked
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.)		0.00	0.00	72 Road Surface Type	3	81 Crash Location
51 Non-Motorist Location Prior to Impact			64 Distance Traveled After Impact (ft.)		0	0	73 Road Configuration	2	TRAILER INFO. Unit #1 Unit #2
52 Crash Sequence-First Event for This Unit		31 31	65 Emergency Vehicle Use				74 Access Control	1	82 Trailer Type
53 Crash Sequence-Second Event			66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	0	1st Trailer No. of Axles
54 Crash Sequence-Third Event			67 School Bus - Contact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		Width (inches)
55 Crash Sequence-Fourth Event			68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control oper		Length (feet)
56 Most Harmful Event for This Unit		31 31	COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) <input type="checkbox"/> Yes <input type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond					2nd Trailer No. of Axles	
57 Distance/Direction to Object Struck		0 0						Width (inches)	
58 Vehicle Underride/Override		3 3						Length (feet)	
59 Vehicle Defects		0 0						83 Unit # Overwidth Trailer and Overwidth Mobile Homes	

84 DIAGRAM



Drawing Not To Scale.

Unit #1 was: ☒ Traveling ☐ Parked Facing N S E W on PVA Unit #2 was: ☒ Traveling ☐ Parked Facing N S E W on PVA

85 CRASH NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEH 1 WAS TRAVELING NORTH ON PVA WHEN IT WAS STRUCK ON THE LEFT REAR QUARTER PANEL BY THE LEF REAR CORNER OF VEH 2 WHICH WAS BACKING OUT OF A PARKING SPACE.

86 Type/Owner	Owner Address	ADDITIONAL PROPERTY DAMAGE	State Property
	Phone		<input type="checkbox"/> Estimated Damage
WITNESSES			
Name	Address	Phone	
Name	Address	Phone	
TRAFFIC VIOLATION(S)			
Name	Charges		
	(Citation # optional)		
Name	Charges		
Officer Name	Number	Department	Date of report
BRADLEY, S.	5475	0680100	05/14/2002

EXHIBIT B

919 968 1985

THE FAMILY DOCTOR
151 Rams Plaza
Chapel Hill, North Carolina 27514
(919) 968-1985, ext. 126
TAX I.D. 54-1463418

STATEMENT OF ACCOUNT

OFFICE

1

CYNTHIA D BARNHILL
1745 LEGION ROAD
CHAPEL HILL NC 27517

05/10/02

BARNHILL

CYNTHIA

67-605

05/13/02	99213	LEVEL 3 EST. PT, OV	70.00	7
07/17/02	99213	LEVEL 3 EST. PT, OV	70.00	14
08/23/02	814000	MEDICAL RECORDS COPY	10.00	15

CURRENT 30 DAYS 60 DAYS > 90 DAYS

TOTAL
150.00

TOTAL D

OCT 09 2002

Statement of Account

Avalon Medical Group
1001 South Hamilton Road`
Chapel Hill, NC 27514

ACCOUNT NO.	BARN239
-------------	---------

Page #
1

Cynthia D. Barnhill
1745 Legion Road
Chapel Hill, NC 27517

Date: 08/20/2002

Date	For	Description	Ref	Charges	Credits
05/31/2002	Cynthia	Office Visit- New Patient	8725	180.00	
05/31/2002	Cynthia	Anoscopic Exam	8725	81.00	
05/31/2002	Cynthia	Hemoccults (3 slides)	8725	10.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due
\$0.00	\$0.00	\$271.00	\$0.00	\$0.00	\$271.00

Notes

Exam

RALEIGH FACIAL PAIN SERVICES

4505 Fair Meadow Lane, Suite 207 • Raleigh, North Carolina 27607 • (919) 781-6600

KEITH A. YOUNT, DDS, FAGD

Diplomate, American Board of Orofacial Pain Tax ID #56-1307204 License #4701

PATIENT NAME Diane K. Barthell DATE 6-19-2002
 CHART NUMBER _____ LETTER MEDICAL NECESSITY _____ TIME: _____

OFFICE VISIT

☒ New Patient Comprehensive 99245 360.00
☐ New Patient Extended 99354 _____
☐ New Patient Extended 99355 _____
☐ New Patient Extended 99355 _____
☐ New Patient Extended 99355 _____
☐ Follow-Up 99212 _____
☐ Follow-Up 99213 _____
☐ Follow-Up 99214 _____
☐ Follow-Up 99215 _____
☐ New Patient/Emergency 99205 _____
☐ Emergency 99050 _____

CONSULTATION SERVICES

☐ Insurance Consultation 09932 _____
☐ Telephone Consultation (1) 99372 _____
☐ Telephone Consultation (2) 99373 _____
☐ Physician Consultation 99361 _____
☐ Legal Consultation 99075 _____
☐ Diagnostic Report 99080 _____
☐ Duplication of X-Rays 76499 _____
 (____ X-Rays at \$____/X-Ray)
☐ Duplication of Records 76499 _____
 (____ Pages at \$____/Page)
☐ Written Records _____ Pages 99080 _____

MANAGEMENT

☐ Occlusal Orthotic 21065 _____
☐ Preventative Counseling 99401 _____
☐ Trigger Point Injection 90782 _____
☐ Injection Auriculotemporal 90799 _____
☐ Nerve Injections 64400 _____
 ☐ Facial 64402 _____
 ☐ Trigeminal 64400 _____
 ☐ Sympathetics 64505 _____
☐ Physical Med 97010 _____
☐ Obstructive Sleep Appliance 99002 _____

DIAGNOSTIC

Photography (x) 99080 _____
 TM Joint Injection 64402 _____
 Nerve Block Injections 64400 _____
 Diagnostic Mounted Case 20999 _____
 Deprogrammer 21089 _____

IMAGING

☒ Cervical 72052 _____
☐ Occlusal 70100 _____
☐ Intraoral-Complete 70320 _____
☐ Intraoral-First Film 70300 _____
☐ Intraoral-Additional 70310 _____
☐ AP Skull 70140 _____
☐ Submento-Vertex 70250 _____
☐ Transcranials-Bilateral 70330 _____

IMAGING

☐ Cephalometric 70350 _____
☐ Orthopantomograph 70355 _____
☐ Consult (Other X-Rays) 76140 _____

MANAGEMENT

☐ Closed Reduction 21480 _____
☐ Neuromuscular Re Educ Train 57112 _____
☐ Physical Medicine 57110 _____

DIAGNOSIS (ICD-9 CODE)

524.61 Ankylosis/Adhesions (Fibrous or Osseous)	<input type="checkbox"/> 529.6 Glossodynia	<input type="checkbox"/> 333.82 Orofacial Dyskinesia
524.63 Articular Disc Disorder	<input type="checkbox"/> 352.1 Glossopharyngeal Neuralgia	<input type="checkbox"/> 524.5 Orthopaedic Instability
350.2 Atypical Facial Pain	<input type="checkbox"/> 346.20 Headache-Cluster	<input type="checkbox"/> 524.62 Osteoarthritis
525.8 Atypical Odontalgia	<input type="checkbox"/> 346.10 Headache-Migraine	<input type="checkbox"/> 715.38 Osteoarthritis
351.00 Bell's Palsy	<input type="checkbox"/> 307.81 Headache-Tension	<input type="checkbox"/> 730.1 Osteomyelitis
306.8 Parafunction	<input type="checkbox"/> 346.9 Headache-CPH	<input type="checkbox"/> 388.72 Otalgia, Referred Pain
726.9 Capsulitis/Synovitis	<input type="checkbox"/> 784.0 Head and/or Face Pain	<input type="checkbox"/> 352.1 Post Herpetic Neuralgia
739.1 Cervical Dysfunction	<input type="checkbox"/> 728.5 Hypermobility	<input type="checkbox"/> 337.29 Reflex Sympathetic Dystrophy
723.1 Cervicalgia	<input type="checkbox"/> 306.9 Inordinate Occlusal Awareness	<input type="checkbox"/> 729.99 Retrodiscitis
830.0 Closed Lock	<input checked="" type="checkbox"/> 524.69 Internal Derangement	<input type="checkbox"/> 714.0 Rheumatoid Arthritis
726.9 Coronoid Tendonitis	<input type="checkbox"/> 728.85 Muscle Spasm	<input type="checkbox"/> 473.0 Sinusitis
780.4 Dizziness/Vertigo	<input type="checkbox"/> 729.1 Myalgia/Myofascitis	<input type="checkbox"/> 780.5 Sleep Disturbance
781.0 Dystonia	<input checked="" type="checkbox"/> 728.9 Myofascial Pain Dysfunction	<input type="checkbox"/> 446.5 Temporal Arteritis
381.81 Eustachian Tube Dysfunction	<input type="checkbox"/> 729.2 Neuralgia/Neuritis	<input type="checkbox"/> 338.31 Tinnitus
351.9 Facial N. Neuropathy	<input type="checkbox"/> 352.1 Neuropathic Pain	<input type="checkbox"/> 959.0 Trauma to Face/Neck
951.4 Facial Nerve Injury	<input type="checkbox"/> 830.1 Open Dislocation-Jaw	<input type="checkbox"/> 350.1 Trigeminal Neuralgia V-1 V-2 V-3
729.1 Fibromyalgia		<input type="checkbox"/> 951.2 Trigeminal Nerve Injury

NEXT VISIT: 1 month / 1 hr / 1 week

PATIENT EDUCATION NEEDS: _____

SCHEDULING NEEDS: _____

IMAGING NEEDS: MRI - UNC - MRI - RaleighOTHER NEEDS: Report 9- Durham

U. H. 10' 10"

TODAY'S CHARGES	\$360.00
AMOUNT PAID	\$360.00
BALANCE	\$0.00

PAYMENT TYPE: MC VISA AME

LEIGH FACIAL PAIN SERVICES

Fair Meadow Lane, Suite 207 • Raleigh, North Carolina 27607 • (919) 781-6600

KEITH A. YOUNT, DDS, FAGD

Diplomate, American Board of Orofacial Pain Tax ID #56-1807204 License #4701

NAME

Cynthia Barnhill

DATE

7/8-02

CHART NUMBER

LETTER MEDICAL NECESSITY

TIME:

OFFICE VISIT

- ☐ New Patient Comprehensive 99245
☐ New Patient Extended 99354
☐ New Patient Extended 99355
☐ New Patient Extended 99355
☐ New Patient Extended 99355
☐ Follow-Up 99212
☐ Follow-Up 99213
☒ Follow-Up \$120⁰⁰ 99214 120⁰⁰
☐ Follow-Up 99215
☐ New Patient/Emergency 99205
☒ Emergency 99050

CONSULTATION SERVICES

- ☐ Insurance Consultation 09932
☐ Telephone Consultation (1) 99372
☐ Telephone Consultation (2) 99373
☐ Physician Consultation 99361
☐ Legal Consultation 99075
☐ Diagnostic Report 99080
☐ Duplication of X-Rays 76499
 () X-Rays at \$ /X-Ray)
☐ Duplication of Records 76499
 () Pages at \$ /Page)
☐ Written Records Pages 99080

MANAGEMENT

- ☐ Occlusal Orthotic 21089
☐ Preventative Counseling 99401
☐ Trigger Point Injection 90782
☐ Injection Auriculotemporal 90799
☐ Nerve Injections 54400
 ☐ Facial 64402
 ☐ Trigeminal 64400
 ☐ Sympathetics 64505
☐ Physical Med 97010
☐ Obstructive Sleep Appliance 99002

DIAGNOSTIC

- ☐ Photography (x) 99080
☐ TM Joint Injection 64402
☐ Nerve Block Injections 64400
☐ Diagnostic Mounted Case 20999
☒ Deprogrammer 21089

IMAGING

- ☒ Cervical 72052
☐ Occlusal 70100
☐ Intraoral-Complete 70320
☐ Intraoral-First Film 70300
☐ Intraoral-Additional 70310
☐ AP Skull 70140
☐ Submento-Vertex 70250
☐ Transcranials-Bilateral 70330

IMAGING

- ☐ Cephalometric 70350
☐ Orthopantomograph 70355
☐ Consult (Other X-Rays) 76140

MANAGEMENT

- ☐ Closed Reduction 21480
☐ Neuromuscular Re Educ Train 97112
☐ Physical Medicine 97110

DIAGNOSIS (ICD-9 CODE)

- | | | |
|--|---|---|
| <input type="checkbox"/> 524.61 Ankylosis/Adhesions (Fibrous or Osseous) | <input type="checkbox"/> 529.6 Glossodynia | <input type="checkbox"/> 333.82 Orofacial Dyskinesia |
| <input type="checkbox"/> 524.63 Articular Disc. Disorder | <input type="checkbox"/> 352.1 Glossopharyngeal Neuralgia | <input type="checkbox"/> 524.5 Orthopaedic Instability |
| <input type="checkbox"/> 350.2 Atypical Facial Pain | <input type="checkbox"/> 346.20 Headache-Cluster | <input type="checkbox"/> 524.62 Osteoarthritis |
| <input type="checkbox"/> 525.8 Atypical Odontalgia | <input type="checkbox"/> 346.10 Headache-Migraine | <input type="checkbox"/> 715.38 Osteoarthritis |
| <input type="checkbox"/> 351.00 Bell's Palsy | <input checked="" type="checkbox"/> 307.81 Headache-Tension | <input checked="" type="checkbox"/> 730.1 Osteomyelitis |
| <input type="checkbox"/> 306.8 Parafunction | <input type="checkbox"/> 346.9 Headache-CPH | <input type="checkbox"/> 388.72 Otagia, Referred Pain |
| <input checked="" type="checkbox"/> 726.9 Capsulitis/Synovitis | <input type="checkbox"/> 784.0 Head and/or Face Pain | <input type="checkbox"/> 352.1 Post Herpetic Neuralgia |
| <input checked="" type="checkbox"/> 739.1 Cervical Dysfunction | <input type="checkbox"/> 728.5 Hypermobility | <input type="checkbox"/> 337.29 Reflex Sympathetic Dystrophy |
| <input type="checkbox"/> 723.1 Cervicalgia | <input type="checkbox"/> 306.9 Inordinate Occlusal Awareness | <input type="checkbox"/> 729.99 Retrodiscitis |
| <input type="checkbox"/> 830.0 Closed Lock | <input checked="" type="checkbox"/> 524.69 Internal Derangement | <input type="checkbox"/> 714.0 Rheumatoid Arthritis |
| <input type="checkbox"/> 726.9 Coronoid Tendonitis | <input type="checkbox"/> 728.85 Muscle Spasm | <input type="checkbox"/> 473.0 Sinusitis |
| <input type="checkbox"/> 780.4 Dizziness/Vertigo | <input type="checkbox"/> 729.1 Myalgia/Myofascitis | <input type="checkbox"/> 780.5 Sleep Disturbance |
| <input type="checkbox"/> 781.0 Dystonia | <input checked="" type="checkbox"/> 728.9 Myofascial Pain Dysfunction | <input type="checkbox"/> 446.5 Temporal Arteritis |
| <input type="checkbox"/> 381.81 Eustachian Tube Dysfunction | <input type="checkbox"/> 729.2 Neuralgia/Neuritis | <input type="checkbox"/> 338.31 Tinnitus |
| <input type="checkbox"/> 351.9 Facial N. Neuropathy | <input type="checkbox"/> 352.1 Neuropathic Pain | <input type="checkbox"/> 959.0 Trauma to Face/Neck |
| <input type="checkbox"/> 951.4 Facial Nerve Injury | <input type="checkbox"/> 830.1 Open Dislocation-Jaw | <input type="checkbox"/> 350.1 Trigeminal Neuralgia V-1 V-2 V-3 |
| <input type="checkbox"/> 729.1 Fibromyalgia | | <input type="checkbox"/> 951.2 Trigeminal Nerve Injury |

NEXT VISIT:

Imp / 1 hr / 1 wk

PATIENT EDUCATION NEEDS:

SCHEDULING NEEDS:

IMAGING NEEDS:

OTHER NEEDS:

TODAY'S CHARGES

\$ 120⁰⁰

AMOUNT PAID

\$ 120⁰⁰

BALANCE

\$ 0

PAYMENT TYPE: MC VISA AME

RALEIGH FACIAL PAIN SERVICES

Impression

101 Meadow Lane, Suite 207 • Raleigh, North Carolina 27607 • (919) 781-6600
KEITH A. YOUNT, DDS, FAGD
Diplomate, American Board of Orofacial Pain Tax ID #56-1807204 License #4701

NAME Cynthia Barnhill DATE 7-25-02
CHART NUMBER _____ LETTER MEDICAL NECESSITY _____ TIME: 11:00

OFFICE VISIT

<input type="checkbox"/> New Patient Comprehensive	99245	_____
<input type="checkbox"/> New Patient Extended	99354	_____
<input type="checkbox"/> New Patient Extended	99355	_____
<input type="checkbox"/> New Patient Extended	99355	_____
<input type="checkbox"/> New Patient Extended	99355	_____
<input type="checkbox"/> Follow-Up	99212	_____
<input type="checkbox"/> Follow-Up	99213	_____
<input type="checkbox"/> Follow-Up	99214	_____
<input type="checkbox"/> Follow-Up	99215	_____
<input type="checkbox"/> New Patient/Emergency	99205	_____
<input checked="" type="checkbox"/> Emergency	99050	_____

CONSULTATION SERVICES

<input type="checkbox"/> Insurance Consultation	09932	_____
<input type="checkbox"/> Telephone Consultation (1)	99372	_____
<input type="checkbox"/> Telephone Consultation (2)	99373	_____
<input type="checkbox"/> Physician Consultation	99361	_____
<input type="checkbox"/> Legal Consultation	99075	_____
<input type="checkbox"/> Diagnostic Report	99080	_____
<input type="checkbox"/> Duplication of X-Rays	76499	_____
(____ X-Rays at \$____/X-Ray)		
<input type="checkbox"/> Duplication of Records	76499	_____
(____ Pages at \$____/Page)		
<input type="checkbox"/> Written Records _____ Pages	99080	_____

MANAGEMENT

<input checked="" type="checkbox"/> Occlusal Orthotic	2110-52	890 <u>890</u>
<input type="checkbox"/> Preventative Counseling	99401	_____
<input type="checkbox"/> Trigger Point Injection	90782	_____
<input type="checkbox"/> Injection Auriculotemporal	90799	_____
<input type="checkbox"/> Nerve Injections	64400	_____
<input type="checkbox"/> Facial	64402	_____
<input type="checkbox"/> Trigeminal	64400	_____
<input type="checkbox"/> Sympathetics	64505	_____
<input type="checkbox"/> Physical Med	97010	_____
<input type="checkbox"/> Obstructive Sleep Appliance	99002	_____

DIAGNOSTIC

<input type="checkbox"/> Photography (x)	99080	_____
<input type="checkbox"/> TM Joint Injection	64402	_____
<input type="checkbox"/> Nerve Block Injections	64400	_____
<input type="checkbox"/> Diagnostic Mounted Case	20999	_____
<input type="checkbox"/> Deprogrammer	21089	_____

IMAGING

<input checked="" type="checkbox"/> Cervical	72052	_____
<input type="checkbox"/> Occlusal	70100	_____
<input type="checkbox"/> Intraoral-Complete	70320	_____
<input type="checkbox"/> Intraoral-First Film	70300	_____
<input type="checkbox"/> Intraoral-Additional	70310	_____
<input type="checkbox"/> AP Skull	70140	_____
<input type="checkbox"/> Submento-Vertex	70250	_____
<input type="checkbox"/> Transcranials-Bilateral	70330	_____

IMAGING

<input type="checkbox"/> Cephalometric	70350	_____
<input type="checkbox"/> Orthopantomograph	70355	_____
<input type="checkbox"/> Consult (Other X-Rays)	76140	_____

MANAGEMENT

<input type="checkbox"/> Closed Reduction	21480	_____
<input type="checkbox"/> Neuromuscular Re Educ Train	97112	_____
<input type="checkbox"/> Physical Medicine	97110	_____

DIAGNOSIS (ICD-9 CODE)

<input type="checkbox"/> 524.61 Ankylosis/Adhesions (Fibrous or Osseous)	<input type="checkbox"/> 529.6 Glossodynia	<input type="checkbox"/> 333.82 Orofacial Dyskinesia
<input type="checkbox"/> 524.63 Articular Disc. Disorder	<input type="checkbox"/> 352.1 Glossopharyngeal Neuralgia	<input type="checkbox"/> 524.5 Orthopaedic Instability
<input type="checkbox"/> 350.2 Atypical Facial Pain	<input type="checkbox"/> 346.20 Headache-Cluster	<input type="checkbox"/> 524.02 Osteoarthritis <u>715.98</u>
<input type="checkbox"/> 525.8 Atypical Odontalgia	<input type="checkbox"/> 346.10 Headache-Migraine	<input type="checkbox"/> 715.38 Osteoarthritis
<input type="checkbox"/> 351.00 Bell's Palsy	<input checked="" type="checkbox"/> 307.81 Headache-Tension	<input type="checkbox"/> 730.1 Osteomyelitis
<input type="checkbox"/> 306.8 Parafunction	<input type="checkbox"/> 346.9 Headache-CPH	<input type="checkbox"/> 388.72 Otalgia, Referred Pain
<input type="checkbox"/> 726.9 Capsulitis/Synovitis	<input type="checkbox"/> 784.0 Head and/or Face Pain	<input type="checkbox"/> 352.1 Post Herpetic Neuralgia
<input type="checkbox"/> 739.1 Cervical Dysfunction	<input type="checkbox"/> 728.5 Hypermobility	<input type="checkbox"/> 337.29 Reflex Sympathetic Dystrophy
<input type="checkbox"/> 723.1 Cervicalgia	<input type="checkbox"/> 306.9 Inordinate Occlusal Awareness	<input type="checkbox"/> 729.99 Retrodisclitis
<input type="checkbox"/> 830.0 Closed Lock	<input type="checkbox"/> 524.69 Internal Derangement	<input type="checkbox"/> 714.0 Rheumatoid Arthritis
<input type="checkbox"/> 726.9 Coronoid Tendonitis	<input type="checkbox"/> 728.85 Muscle Spasm	<input type="checkbox"/> 473.0 Sinusitis
<input type="checkbox"/> 780.4 Dizziness/Vertigo	<input type="checkbox"/> 729.1 Myalgia/Myofascitis	<input type="checkbox"/> 780.5 Sleep Disturbance
<input type="checkbox"/> 781.0 Dystonia	<input checked="" type="checkbox"/> 728.9 Myofascial Pain Dysfunction	<input type="checkbox"/> 446.5 Temporal Arteritis
<input type="checkbox"/> 381.81 Eustachian Tube Dysfunction	<input type="checkbox"/> 729.2 Neuralgia/Neuritis	<input type="checkbox"/> 338.31 Tinnitus
<input type="checkbox"/> 351.9 Facial N. Neuropathy	<input type="checkbox"/> 352.1 Neuropathic Pain	<input type="checkbox"/> 959.0 Trauma to Face/Neck
<input type="checkbox"/> 951.4 Facial Nerve Injury	<input type="checkbox"/> 830.1 Open Dislocation-Jaw	<input type="checkbox"/> 350.1 Trigeminal Neuralgia V-1 V-2 V-3
<input type="checkbox"/> 729.1 Fibromyalgia		<input type="checkbox"/> 951.2 Trigeminal Nerve Injury

EXT VISIT: 2 wks / 1 hr
PATIENT EDUCATION NEEDS: _____
SCHEDULING NEEDS: _____
AGING NEEDS: _____
OTHER NEEDS: _____

TODAY'S CHARGES	\$ <u>890.00</u>
AMOUNT PAID	\$ <u>445.00</u>
BALANCE	\$ <u>445.00</u>

PAYMENT TYPE: MC VISA AME

RALEIGH FACIAL PAIN SERVICES

4505 Fair Meadow Lane, Suite 207 • Raleigh, North Carolina 27607 • (919) 751-6600

KEITH A. YOUNT, DDS, FAGD

Diplomate, American Board of Orofacial Pain Tax ID #56-1807204 License #4701

PATIENT NAME Cyndi Baerhill DATE 9-12-08
 CHART NUMBER _____ LETTER MEDICAL NECESSITY _____ TIME: _____

OFFICE VISIT

- ☐ New Patient Comprehensive 99245 _____
- ☐ New Patient Extended 99354 _____
- ☐ New Patient Extended 99355 _____
- ☐ New Patient Extended 99355 _____
- ☐ New Patient Extended 99355 _____
- ☐ Follow-Up 99212 _____
- ☐ Follow-Up 99213 _____
- ☐ Follow-Up 99214 _____
- ☐ Follow-Up 99215 _____
- ☐ New Patient/Emergency 99205 _____
- ☒ Emergency 99050 _____

CONSULTATION SERVICES

- ☐ Insurance Consultation 09932 _____
- ☐ Telephone Consultation (1) 99372 _____
- ☐ Telephone Consultation (2) 99373 _____
- ☐ Physician Consultation 99361 _____
- ☐ Legal Consultation 99075 _____
- ☒ Diagnostic Report 99080 10.00
- ☐ Duplication of X-Rays 76499 _____
- ☐ (____) X-Rays at \$____/X-Ray) _____
- ☒ Duplication of Records 76499 9.75
- ☐ (13 Pages at \$____/Page) _____
- ☐ Written Records _____ Pages 99080 _____

MANAGEMENT

- ☐ Occlusal Orthotic 21089 _____
- ☐ Preventative Counseling 99401 _____
- ☐ Trigger Point Injection 90782 _____
- ☐ Injection Auriculotemporal 90799 _____
- ☐ Nerve Injections 64400 _____
- ☐ Facial 64402 _____
- ☐ Trigeminal 64400 _____
- ☐ Sympathetics 64505 _____
- ☐ Physical Med 97010 _____
- ☐ Obstructive Sleep Appliance 99002 _____

DIAGNOSTIC

- ☐ Photography (x) 99080 _____
- ☐ TM Joint Injection 64402 _____
- ☐ Nerve Block Injections 64400 _____
- ☐ Diagnostic Mounted Case 20999 _____
- ☒ Deprogrammer 21089 _____

IMAGING

- ☒ Cervical 72052 _____
- ☐ Occlusal 70100 _____
- ☐ Intraoral-Complete 70320 _____
- ☐ Intraoral-First Film 70300 _____
- ☐ Intraoral-Additional 70310 _____
- ☐ AP Skull 70140 _____
- ☐ Submento-Vertex 70250 _____
- ☐ Transcranials-Bilateral 70330 _____

IMAGING

- ☐ Cephalometric 70350 _____
- ☐ Orthopantomograph 70355 _____
- ☐ Consult (Other X-Rays) 76140 _____

MANAGEMENT

- ☐ Closed Reduction 21480 _____
- ☐ Neuromuscular Re Educ Train 97112 _____
- ☐ Physical Medicine 97110 _____

DIAGNOSIS (ICD-9 CODE)

- | | | |
|--|--|---|
| <input type="checkbox"/> 524.61 Ankylosis/Adhesions (Fibrous or Osseous) | <input type="checkbox"/> 529.6 Glossodynia | <input type="checkbox"/> 333.82 Orofacial Dyskinesia |
| <input type="checkbox"/> 524.63 Articular Disc Disorder | <input type="checkbox"/> 352.1 Glossopharyngeal Neuralgia | <input type="checkbox"/> 524.5 Orthopaedic Instability |
| <input type="checkbox"/> 350.2 Atypical Facial Pain | <input type="checkbox"/> 346.20 Headache-Cluster | <input type="checkbox"/> 524.62 Osteoarthritis <u>715.98</u> |
| <input type="checkbox"/> 525.8 Atypical Odontalgia | <input type="checkbox"/> 346.10 Headache-Migraine | <input type="checkbox"/> 715.38 Osteoarthritis |
| <input type="checkbox"/> 351.00 Bell's Palsy | <input type="checkbox"/> 307.81 Headache-Tension | <input type="checkbox"/> 730.1 Osteomyelitis |
| <input type="checkbox"/> 306.8 Parafunction | <input type="checkbox"/> 346.9 Headache-CPH | <input type="checkbox"/> 388.72 Otagia, Referred Pain |
| <input type="checkbox"/> 726.9 Capsulitis/Synovitis | <input type="checkbox"/> 784.0 Head and/or Face Pain | <input type="checkbox"/> 352.1 Post Herpetic Neuralgia |
| <input type="checkbox"/> 739.1 Cervical Dysfunction | <input type="checkbox"/> 728.5 Hypermobility | <input type="checkbox"/> 337.29 Reflex Sympathetic Dystrophy |
| <input type="checkbox"/> 723.1 Cervicalgia | <input type="checkbox"/> 306.9 Inordinate Occlusal Awareness | <input type="checkbox"/> 729.99 Retrodiscitis |
| <input type="checkbox"/> 830.0 Closed Lock | <input type="checkbox"/> 524.69 Internal Derangement | <input type="checkbox"/> 714.0 Rheumatoid Arthritis |
| <input type="checkbox"/> 726.9 Coronoid Tendonitis | <input type="checkbox"/> 728.85 Muscle Spasm | <input type="checkbox"/> 473.0 Sinusitis |
| <input type="checkbox"/> 780.4 Dizziness/Vertigo | <input type="checkbox"/> 729.1 Myalgia/Myofascitis | <input type="checkbox"/> 780.5 Sleep Disturbance |
| <input type="checkbox"/> 781.0 Dystonia | <input type="checkbox"/> 728.9 Myofascial Pain Dysfunction | <input type="checkbox"/> 446.5 Temporal Arteritis |
| <input type="checkbox"/> 381.81 Eustachian Tube Dysfunction | <input type="checkbox"/> 729.2 Neuralgia/Neuritis | <input type="checkbox"/> 338.31 Tinnitus |
| <input type="checkbox"/> 351.9 Facial N. Neuropathy | <input type="checkbox"/> 352.1 Neuropathic Pain | <input type="checkbox"/> 959.0 Trauma to Face/Neck |
| <input type="checkbox"/> 951.4 Facial Nerve Injury | <input type="checkbox"/> 830.1 Open Dislocation-Jaw | <input type="checkbox"/> 350.1 Trigeminal Neuralgia V-1 V-2 V-3 |
| <input type="checkbox"/> 729.1 Fibromyalgia | | <input type="checkbox"/> 951.2 Trigeminal Nerve Injury |

NEXT VISIT: _____

PATIENT EDUCATION NEEDS: _____

SCHEDULING NEEDS: _____

IMAGING NEEDS: _____

OTHER NEEDS: _____

TODAY'S CHARGES	\$ <u>1975</u>
AMOUNT PAID	\$ _____
BALANCE	\$ _____

PAYMENT TYPE: MC VISA AME

CHECK CASH CARECREDIT OTHER



The University of North Carolina at Chapel Hill
P.O. Box 900014 • Raleigh, NC 27675-9014
Telephone (919) 966-2211

ACCOUNT NUMBER	DATE OF STATEMENT	MAIL FLAG	PAGE
00-070-92-68 7	10/15/02	AA	01
INSURANCE INFORMATION ON FILE			
STATE OF NORTH CAROLINA			

☐ Check here if address or insurance changes noted on back

0000709268 3 00000000 7



CYNTHIA D BARNHILL
1745 LEGION RD
CHAPEL HILL NC 27517-2351

DATE DUE	AMOUNT DUE	AMOUNT ENCLOSED
MAKE CHECK PAYABLE TO: UNC PHYSICIANS & ASSOCIATES MASTERCARD AND VISA ACCEPTED		

PRINT CARD HOLDER NAME: _____

EXPIRATION DATE _____ MASTERCARD OR VISA CARD NUMBER _____

TO ENSURE PROPER CREDIT, PLEASE DETACH TOP PORTION AND RETURN IT WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED.
SEE REVERSE SIDE FOR ADDRESS CHANGES, INSURANCE CHANGES, AND OTHER IMPORTANT INFORMATION.

DATE OF SERVICE	DESCRIPTION	AMOUNT	BALANCE
05/22/02	DR STEVEN BURNHAM & ASSOC EXTREMITY STUDY	71.00	71.00
06/12/02	DR YOLANDA V SCARLETT & ASSOC COLONOSCOPY AND BIOPSY	990.00	1,061.00
06/12/02	DR P A GROBEN & ASSOC TISSUE EXAM BY PATHOLOGIST	165.00	1,226.00
07/08/02	DR J K SMITH & ASSOC MAGNETIC IMAGE JAW JOINT	300.00	1,526.00
09/18/02	DR M A FARBER & ASSOC EXTREMITY STUDY	125.00	1,651.00
09/18/02	DR MARSHALL C MCCOY & ASSOC EMERGENCY DEPT VISIT	239.00	1,890.00

THIS BILL IS FOR PHYSICIANS CHARGES ONLY
AND DOES NOT INCLUDE HOSPITAL CHARGES WHICH ARE BILLED SEPARATELY BY THE HOSPITAL

PREVIOUS BALANCE	NEW CHARGES	PAYMENTS	DATE OF STATEMENT	AMOUNT DUE
		INSURANCE PERSONAL		
ACCOUNT NUMBER	NEW BALANCE	ADJUSTMENTS	INSURANCE PENDING	

UNC PHYSICIANS & ASSOCIATES P.O. BOX 900014 - RALEIGH, NC 27675-9014
TELEPHONE (919) 966-2211 MONDAY - FRIDAY 8:00-4:30
SEND EMAIL INQUIRIES TO: UNC_PA@UNCHealthCare.org

1 END

PATIENT NAME: BARNHILL

CYNTHIA D

401 L5SXX

061102-061102	9995	-	-CANCELLED AP	719.46	-PAIN, LOWER	1	0.00

Tick#1642437	U 0061	CYNTHIA	BARNHILL	Total:		123.00	
06/25/02	20-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
062502-062502	99214	-	57-EST PT DETLD	719.46	-PAIN, LOWER	1	123.00

Tick#1650687	U 0061	CYNTHIA	BARNHILL	Total:		120.00	
06/26/02	15-BLACK, JR.,	WITHROW MD		TRI ORTHO C HIL			
062602-062602	73562	-	99-KNEE MULT 3	719.46	-PAIN, LOWER	1	120.00

Tick#1652177	U 0025	CYNTHIA	BARNHILL	Total:		5,281.00	
06/27/02	20-DELLAERO, MD	WITHROW MD		NC SPECIALTY			
062702-062702	29876	-	94-SYNOVEC, MAJO	727.83	-PLICA SYNDRO	1	2,754.00
062702-062702	29877	-	5194-ARTHRO W/ DE	733.92	-CHONDROMALAC	1	2,527.00

Tick#1651984	U 0061	CYNTHIA	BARNHILL	Total:		.00	
07/02/02	6820-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
070202-070202	99024	-	-POST OP EXAM	727.83	-PLICA SYNDRO	1	0.00

Tick#1654912	U 0061	CYNTHIA	BARNHILL	Total:		.00	
07/23/02	20-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
072302-072302	99024	-	-POST OP EXAM	726.61	-BURSITIS KNE	1	0.00

Tick#1665897	U 0061	CYNTHIA	BARNHILL	Total:		442.00	
07/30/02	20-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
073002-073002	99213	-	24-EST PT-EXPAN	726.10	-DISORDERS OF	1	85.00
073002-073002	20610	-	-ASP/INJ MAJO	726.10	-DISORDERS OF	1	124.00
073002-073002	J3301	-	-KENALOG 10MG	726.10	-DISORDERS OF	4	12.00
073002-073002	J3490	-	-MARCAINE (BU	726.10	-DISORDERS OF	1	4.00
073002-073002	J2000	-	-XYLOCAINE	726.10	-DISORDERS OF	1	4.00
073002-073002	73030	-	99-SHOUL 2/MORE	718.31	-SHOUL DIS/N	1	131.00
073002-073002	73050	-	99-A-C JT 2 VIE	718.31	-SHOUL DIS/N	1	82.00

Tick#1669183	U 0061	CYNTHIA	BARNHILL	Total:		85.00	
08/13/02	20-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
081302-081302	99213	-	24-EST PT-EXPAN	718.31	-SHOUL DIS/N	1	85.00

Tick#1684694	U 0000	CYNTHIA	BARNHILL	Total:		.00	
08/14/02	20-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
081902-081902	MRIDRH	-	-MRI-DRH	718.31	-SHOUL DIS/N	1	0.00
PRIOR AUTH: NO PRECERT REQUIRED /							

Tick#1684688	U 0061	CYNTHIA	BARNHILL	Total:		66.00	
08/27/02	20-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
082702-082702	99212	-	57-EST PT-BRIEF	718.31	-SHOUL DIS/N	1	66.00

Tick#1689449	U 0061	CYNTHIA	BARNHILL	Total:		205.00	
09/03/02	20-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
090302-090302	99213	-	-EST PT-EXPAN	719.06	-EFFUSION KNE	1	85.00
090302-090302	73562	-	99-KNEE MULT 3	719.06	-EFFUSION KNE	1	120.00

Tick#1694447	U 0061	CYNTHIA	BARNHILL	Total:		197.00	
09/09/02	6820-DELLAERO, MD	WITHROW MD		TRI ORTHO C HIL			
090902-090902	99215	-	-EST PT COMP	V72.83	-PREOP EXAM-S	1	197.00
090902-090902	DX	-	-SECOND DIAGN	726.10	-DISORDERS OF	1	0.00

Tick#1708064	U 0025	CYNTHIA	BARNHILL	Total:		5,243.00	
09/12/02	20-DELLAERO, MD	WITHROW MD		NC SPECIALTY			
091202-091202	29826	-	79-ARTHRO, ACROM	726.10	-DISORDERS OF	1	2,779.00
091202-091202	29827	-	79-ARTHROSCOPY,	727.61	-ROTATOR CUFF	1	2,464.00

TRIANGLE ORTHOPAEDIC ASSOCIATES, PA
120 WILLIAM PENN PLAZA
INDEPENDENCE PARK
DURHAM NC 27704
DETAIL 9/01/02 - 12/31/11

919 220 5255

PRINTED 2/12/03 12.44 BY klb001

0- 30 days 0.00
31- 60 days 0.00
61- 90 days 0.00
91-120 days 0.00
121-150 days 30.00
150+ days 1,348.31

CYNTHIA D BARNHILL
1745 LEGION RD
CHAPEL HILL NC 27517

Home 919 942 5726
Work 000 0000
PT-0011 BC-0001
CS-0004 DR-0053

CYNTHIA D BARNHILL F-10/15/58- 44-6008205
Next app't

Total bal 1,378.31
- Pending 0.00
= Pat bal 1,378.31
Budget due 0.00
Nonbud due 1,378.31
Total due 1,378.31
Budget bal 0.00
Bud paymnt 0.00
Last aging 02/11/03
Review date 04/12/02

Last chg 110502 210.00 Last ins pay 010703 0.00
SSN: 239 15 8492 Last per pay 110502 15.00
Diag: 719.06 EFFUSION KNEE
Reg date 041002 PATIENT IN COLLECTIONS & HAS NOTES

Insurance Subscriber Policy id TB PR
BCBS BARNHILL CYNTHIA 23915849204 IY-02
LIEN BARNHILL CYNTHIA 239158492 LIEN PD-02
\$ 15.00 CO-PAY BARNHILL CYNTHIA 239158492 PD-02

Tick#1689449 U 0061 CYNTHIA BARNHILL Total: 205.00
09/03/02 20-DELLAERO, MD WITHROW MD TRI ORTHO C HIL
090302-090302 99213 - -EST PT-EXPA 719.06 -EFFUSION KNE 1 85.00
090302-090302 73562 - 99-KNEE MULT 3 719.06 -EFFUSION KNE 1 120.00

Tick#1694447 U 0061 CYNTHIA BARNHILL Total: 197.00
09/09/02 6820-DELLAERO, MD WITHROW MD TRI ORTHO C HIL
090902-090902 99215 - -EST PT COMP V72.83 -PREOP EXAM-S 1 197.00
090902-090902 DX - -SECOND DIAGN 726.10 -DISORDERS OF 1 0.00

Tick#1708064 U 0025 CYNTHIA BARNHILL Total: 5,243.00
09/12/02 20-DELLAERO, MD WITHROW MD NC SPECIALTY
091202-091202 29826 - 79-ARTHRO, ACROM 726.10 -DISORDERS OF 1 2,779.00
091202-091202 29823 - 79-ARTHROSCOPY, 727.61 -ROTATOR CUFF 1 2,464.00

Tick#1708066 U 0025 CYNTHIA BARNHILL Total: 1,573.00
09/12/02 6820-DELLAERO, MD WITHROW MD NC SPECIALTY
091202-091202 29826 - 85-ARTHRO, ACROM 726.10 -DISORDERS OF 1 834.00
091202-091202 29823 - 85-ARTHROSCOPY, 727.61 -ROTATOR CUFF 1 739.00

Tick#1707602 U 0061 CYNTHIA BARNHILL Total: .00
09/17/02 6820-DELLAERO, MD WITHROW MD TRI ORTHO C HIL
091702-091702 99024 - -POST OP EXAM 726.10 -DISORDERS OF 1 0.00

Tick#1704925 U 0061 CYNTHIA BARNHILL Total: .00
09/24/02 20-DELLAERO, MD WITHROW MD TRI ORTHO C HIL
092402-092402 99499 - -NO CHARGE OV 723.1 -CERVICAL PAI 1 0.00

Tick#1726408 U 0001 CYNTHIA BARNHILL Total: 45.00

10/07/02 53-PRESTON MD WITHROW MD

TRI ORTHO C HIL

100702-100702 76499	- 99-X-RAY CERV	723.1	-CERVICAL PAI	9	45.00

Tick#1709715 U 0061 CYNTHIA	BARNHILL	Total:		.00	
10/08/02 20-DELLAERO, MD WITHROW MD			TRI ORTHO C HIL		
100802-100802 99024	- -POST OP EXAM	726.10	-DISORDERS OF	1	0.00

Tick#1723455 U 0555 CYNTHIA	BARNHILL	Total:		1,095.00	
10/09/02 20-DELLAERO, MD DELLAERO M			TRI ORTHO 1		
100902-100902 73721	- 2-MRI-LOWER	EX 726.10	-DISORDERS OF	1	1,095.00

Tick#1729608 U 0061 CYNTHIA	BARNHILL	Total:		.00	
10/29/02 20-DELLAERO, MD WITHROW MD			TRI ORTHO C HIL		
102902-102902 99024	- -POST OP EXAM	726.10	-DISORDERS OF	1	0.00

Tick#1739273 U 0061 CYNTHIA	BARNHILL	Total:		210.00	
11/05/02 20-DELLAERO, MD WITHROW MD			TRI ORTHO C HIL		
110502-110502 99212	- -EST PT-BRIEF	719.06	-EFFUSION KNE	1	66.00
110502-110502 20610	- -ASP/INJ MAJO	719.06	-EFFUSION KNE	1	124.00
110502-110502 J3301	- -KENALOG 10MG	719.06	-EFFUSION KNE	4	12.00
110502-110502 J3490	- -MARCANE (BU	719.06	-EFFUSION KNE	1	4.00
110502-110502 J2000	- -XYLOCAINE	719.06	-EFFUSION KNE	1	4.00

TOTAL OF PRINTED CHARGES					8,568.00

TRIANGLE ORTHOPAEDIC ASSOCIATES, PA
120 WILLIAM PENN PLAZA
INDEPENDENCE PARK
DURHAM NC 27704
DETAIL 9/01/02 - 12/31/11

919 220 5255

PRINTED 2/12/03 12.45 BY klb001

0- 30 days	0.00	CYNTHIA	D BARNHILL	Home 919 942 5726
31- 60 days	0.00	1745 LEGION RD		Work 919 962 0046
61- 90 days	0.00			PT-3011 BC-0001
91-120 days	34.00	CHAPEL HILL	NC 27517	CS-0002 DR-0039
121-150 days	176.00			
150+ days	557.20	CYNTHIA	D BARNHILL	F-10/15/58- 44-PT6008205
		Next app't		

Total bal	767.20			
- Pending	127.00			
= Pat bal	640.20			
Budget due	0.00			
Nonbud due	767.20			
Total due	640.20	Last chg 111102	205.00	Last ins pay 121102 10.00
Budget bal	0.00	SSN: 239 15 8492		Last per pay 111102 15.00
Bud paymnt	0.00	Diag:719.46	PAIN, LOWER LEG	
Last aging	02/11/03	Reg date 052902	PATIENT HAS NOTES	
Review date	04/12/02			
Insurance	Subscriber	Policy id		TB PR
BCBS	BARNHILL CYNTHIA	23915849204		IY-02

\$ 15.00 CO-PAY BARNHILL CYNTHIA STATE BCBS PD-02

Tick#1696715 U 0053	CYNTHIA	BARNHILL	Total:	147.00
09/03/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT	
090302-090302 97110	- THERAPEUTIC	719.41	-PAIN SHOULDE 3	147.00
090302-090302 22	- OTHER MEDICA	719.41	-PAIN SHOULDE 1	0.00

Tick#1696716 U 0053	CYNTHIA	BARNHILL	Total:	.00
09/04/02 97-SHOUT	PRESTON MD		CHAPEL HILL PT	
090402-090402 9995	- CANCELLED AP	719.41	-PAIN SHOULDE 1	0.00

Tick#1696718 U 0053	CYNTHIA	BARNHILL	Total:	.00
09/05/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT	
090502-090502 9995	- CANCELLED AP	719.41	-PAIN SHOULDE 1	0.00

Tick#1697344 U 0053	CYNTHIA	BARNHILL	Total:	93.00
09/16/02 43-BERNARD-LACY DELLAERO M			CHAPEL HILL PT	
091602-091602 97001	- 25-PHYS THER EV	719.41	-PAIN SHOULDE 1	93.00
091602-091602 2222	- NEW MEDICAL	719.41	-PAIN SHOULDE 1	0.00

Tick#1708589 U 0053	CYNTHIA	BARNHILL	Total:	.00
09/19/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT	
091902-091902 9997	- VOIDED TICKE	719.41	-PAIN SHOULDE 1	0.00

Tick#1708592 U 0053	CYNTHIA	BARNHILL	Total:	.00
09/23/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT	
092302-092302 9997	- VOIDED TICKE	719.41	-PAIN SHOULDE 1	0.00

Tick#1715572 U 0053	CYNTHIA	BARNHILL	Total:	142.00
09/25/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT	
092502-092502 97001	- 25-PHYS THER EV	719.41	-PAIN SHOULDE 1	93.00

110402-110402 22	-	-OTHER MEDICA	719.41	-PAIN SHOULDE	1	0.00

Tick#1739260 U 0053	CYNTHIA	BARNHILL	Total:	196.00		
11/05/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
110502-110502 97110	-	-THERAPEUTIC	719.41	-PAIN SHOULDE	4	196.00
110502-110502 22	-	-OTHER MEDICA	719.41	-PAIN SHOULDE	1	0.00

Tick#1739264 U 0053	CYNTHIA	BARNHILL	Total:	26.00		
11/07/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
110702-110702 97014	-	-ELECTRICAL S	719.41	-PAIN SHOULDE	1	26.00
110702-110702 22	-	-OTHER MEDICA	719.41	-PAIN SHOULDE	1	0.00

Tick#1745336 U 0053	CYNTHIA	BARNHILL	Total:	.00		
11/08/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
110802-110802 9996	-	-NO SHOW	719.41	-PAIN SHOULDE	1	0.00

Tick#1745089 U 0053	CYNTHIA	BARNHILL	Total:	.00		
11/08/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
110802-110802 9997	-	-VOIDED TICKE	719.41	-PAIN SHOULDE	1	0.00

Tick#1745090 U 0053	CYNTHIA	BARNHILL	Total:	205.00		
11/11/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
111102-111102 97001	-	25-PHYS THER EV	719.46	-PAIN, LOWER	1	93.00
111102-111102 97110	-	-THERAPEUTIC	719.46	-PAIN, LOWER	1	49.00
111102-111102 97035	-	-ULTRASOUND 1	719.46	-PAIN, LOWER	1	26.00
111102-111102 97033	-	-IONTOPHORESI	719.46	-PAIN, LOWER	1	31.00
111102-111102 A4556	-	-IONTOPHORESI	719.46	-PAIN, LOWER	1	6.00
111102-111102 2222	-	-NEW MEDICAL	719.41	-PAIN SHOULDE	1	0.00

TOTAL OF PRINTED CHARGES						1,863.00

092502-092502 97110	-	-THERAPEUTIC	719.41	-PAIN SHOULDE	1	49.00
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092502-092502 2222	-	-NEW MEDICAL	719.41	-PAIN SHOULDE	1	0.00

Tick#1715692 U 0053	CYNTHIA	BARNHILL	Total:		142.00	
09/26/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
092602-092602 97001	-	25-PHYS THER EV	719.41	-PAIN SHOULDE	1	93.00
092602-092602 97110	-	-THERAPEUTIC	719.41	-PAIN SHOULDE	1	49.00
092602-092602 2222	-	-NEW MEDICAL	723.1	-CERVICAL PAI	1	0.00

Tick#1708594 U 0053	CYNTHIA	BARNHILL	Total:		.00	
09/30/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
093002-093002 9995	-	-CANCELLED AP	719.41	-PAIN SHOULDE	1	0.00

Tick#1708596 U 0053	CYNTHIA	BARNHILL	Total:		147.00	
10/02/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
100202-100202 97110	-	-THERAPEUTIC	719.41	-PAIN SHOULDE	3	147.00
100202-100202 22	-	-OTHER MEDICA	719.41	-PAIN SHOULDE	1	0.00

Tick#1722558 U 0053	CYNTHIA	BARNHILL	Total:		.00	
10/08/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
100302-100802 9995	-	-CANCELLED AP	719.41	-PAIN SHOULDE	1	0.00

Tick#1722560 U 0053	CYNTHIA	BARNHILL	Total:		196.00	
10/09/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
100902-100902 97110	-	-THERAPEUTIC	719.41	-PAIN SHOULDE	4	196.00
100902-100902 22	-	-OTHER MEDICA	719.41	-PAIN SHOULDE	1	0.00

Tick#1722567 U 0053	CYNTHIA	BARNHILL	Total:		.00	
10/22/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
102202-102202 9995	-	-CANCELLED AP	719.41	-PAIN SHOULDE	1	0.00

Tick#1722569 U 0053	CYNTHIA	BARNHILL	Total:		147.00	
10/24/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
102402-102402 97110	-	-THERAPEUTIC	719.41	-PAIN SHOULDE	3	147.00
102402-102402 22	-	-OTHER MEDICA	719.41	-PAIN SHOULDE	1	0.00

Tick#1739501 U 0053	CYNTHIA	BARNHILL	Total:		4.00	
10/24/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
102402-102402 99070	-	-THERABAND	719.41	-PAIN SHOULDE	1	4.00

Tick#1736884 U 0053	CYNTHIA	BARNHILL	Total:		75.00	
10/25/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
102502-102502 97110	-	-THERAPEUTIC	719.41	-PAIN SHOULDE	1	49.00
102502-102502 97014	-	-ELECTRICAL S	719.41	-PAIN SHOULDE	1	26.00
102502-102502 22	-	-OTHER MEDICA	719.41	-PAIN SHOULDE	1	0.00

Tick#1739244 U 0053	CYNTHIA	BARNHILL	Total:		.00	
10/30/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
103002-103002 9995	-	-CANCELLED AP	719.41	-PAIN SHOULDE	1	0.00

Tick#1739248 U 0053	CYNTHIA	BARNHILL	Total:		.00	
10/31/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
103102-103102 9995	-	-CANCELLED AP	719.41	-PAIN SHOULDE	1	0.00

Tick#1742475 U 0053	CYNTHIA	BARNHILL	Total:		147.00	
11/01/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			
110102-110102 97110	-	-THERAPEUTIC	719.41	-PAIN SHOULDE	3	147.00
110102-110102 22	-	-OTHER MEDICA	719.41	-PAIN SHOULDE	1	0.00

Tick#1739254 U 0053	CYNTHIA	BARNHILL	Total:		196.00	
11/04/02 39-MASSA LPT	PRESTON MD		CHAPEL HILL PT			

110402-110402 97110 - -THERAPEUTIC 719.41 -PAIN SHOULDE 4 195.00

MAKE CHECKS PAYABLE TO:

Triangle Orthopaedics, PA
120 William Penn

Durham, NC 27704

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
02/12/03	CONTINUED	001000003355

SHOW AMOUNT
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STATEMENT

ADDRESSEE:

|||||

Barnhill, Cynthia D
1745 Legion Rd

Chapel Hill, NC 27517

REMIT TO:

|||||

Triangle Orthopaedics, PA
120 William Penn

Durham, NC 27704

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PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
www.triangleortho.com
(919) 220-5255

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE	
11/18/02	VISIT 4774 FOR CYNTHIA WITH MASSA OPT, FRAN					
11/18/02	97110 - Therap 1/> Areas/15 Min; Exerc	\$49.00				
11/19/02	*Patient Check	-\$15.00				
12/06/02	BCBS Payment	-\$17.00				
12/06/02	BCBS Adjustment	-\$17.00				
11/18/02	97038 - Applic Modal 1/> Areas; Ultras	\$28.00				
12/06/02	BCBS Payment	-\$19.00				
12/06/02	BCBS Adjustment	-\$7.00				
11/18/02	97033 - Applic Modal 1/> Areas; Iontop	\$31.00				
12/06/02	BCBS Payment	-\$23.00				
12/06/02	BCBS Adjustment	-\$8.00				
11/18/02	A4555 - Electrodes (apnea Monitor)	\$8.00				
12/06/02	BCBS Adjustment	-\$6.00				
	VISIT TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
11/18/02	VISIT 5043 FOR CYNTHIA WITH BLACK JR MD, KYLE E					
11/18/02	89214 - Office/outpt E&m Estab Mod-hi 2	\$123.00				
11/18/02	*Patient Check	-\$15.00				
12/06/02	BCBS Payment	-\$67.00				
12/06/02	BCBS Adjustment	-\$41.00				
11/18/02	72050 - Rad Exam Spine Cerv; Mini 4 VI	\$247.00				
12/06/02	BCBS Payment	-\$114.13				
12/06/02	BCBS Adjustment	-\$132.87				
	VISIT TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
11/20/02	VISIT 8328 FOR CYNTHIA WITH MASSA OPT, FRAN					
11/20/02	97110 - Therap 1/> Areas/15 Min; Exerc (QTY 2)	\$98.00		\$15.00		
12/06/02	BCBS Adjustment	-\$34.00				
12/06/02	BCBS Payment	-\$49.00				
11/20/02	97035 - Applic Modal 1/> Areas; Ultras	\$28.00				
ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
001000003355	\$1,452.00	\$0.00	\$15.00	\$0.00	\$0.00	\$1,487.00

MESSAGE:

Triangle Orthopaedic Associates, P.A.
Quality Care and The Best Physicians Possible!

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THIS AMOUNT >>>> CONTINUED

** PAYMENT DUE UPON RECEIPT * THANK YOU **

STATEMENT

PAGE: 1

Durham, NC 27704

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
02/12/03	CONTINUED	001000003355

SHOW AMOUNT
PAID HERE \$

STATEMENT

ADDRESSEE:

Introduction

Barnhill, Cynthia D
1745 Legion Rd

Chapel Hill, NC 27517

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

REMIT TO:

Indelible Ink

Triangle Orthopaedics, PA
120 William Penn

Durham, NC 27704

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
www.triangleortho.com
(919) 220-5255

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE	
12/08/02	BCBS Adjustment	\$7.00				
12/08/02	BCBS Payment	\$19.00				
11/20/02	87033 - Applic Modal 1/> Areas; Iontop	\$31.00				
12/08/02	BCBS Adjustment	\$8.00				
12/08/02	BCBS Payment	\$23.00				
11/20/02	A4558 - Electrodes (applies Monitor)	\$8.00				
12/08/02	BCBS Adjustment	\$6.00				
	VISIT TOTAL	\$15.00	\$0.00	\$15.00	\$15.00	
12/31/02 VISIT 20285 FOR CYNTHIA WITH DELLAERO MD, DAVID T						
12/31/02	99213 - Offic/outpt E&m Estab Low-mod	\$85.00		\$15.00		
01/18/03	BCBS Adjustment	\$30.00				
01/18/03	BCBS Payment (Copay (Co-Pay))	\$40.00				
	VISIT TOTAL	\$15.00	\$0.00	\$15.00	\$15.00	
01/08/03 VISIT 22510 FOR CYNTHIA WITH DELLAERO MD, DAVID T						
01/08/03	72141 - Mri Spinal Canal Cerv; Wo Cont	\$1,108.00	\$1,108.00			
	VISIT TOTAL	\$1,108.00	\$1,108.00	\$0.00	\$1,108.00	
01/14/03 VISIT 28679 FOR CYNTHIA WITH DELLAERO MD, DAVID T						
01/14/03	99213 - Offic/outpt E&m Estab Low-mod	\$85.00	\$70.00	\$15.00		
	VISIT TOTAL	\$88.00	\$70.00	\$15.00	\$83.00	
01/18/03 VISIT 28821 FOR CYNTHIA WITH BHAT MD, ATUL LT						
01/18/03	99244 - Offic Cons New/estab Mod-hi 60	\$259.00	\$244.00			
01/18/03	Patient Check	\$15.00				
	VISIT TOTAL	\$244.00	\$244.00	\$0.00	\$244.00	
Thank You For Your Prompt Payment						
Your balance is now 50 days past due, please remit payment in full or call our office to make payment arrangements						
ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
0010000C3355	\$1,452.00	\$0.00	\$15.00	\$0.00	\$0.00	\$1,467.00

MESSAGE:

Triangle Orthopaedic Associates, P.A.
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*** PAYMENT DUE UPON RECEIPT *** THANK YOU ***

STATEMENT

PAGE: 2

MEDICAL MODALITIES INC.
P.O. BOX 640
122 SOUTH MAIN STREET
KANNAPOLIS NC 28082-0640
PHONE: 704-932-8885

OCT 09 2002

STATEMENT

If paying by credit card, please complete this section.				
CIRCLE CARD TO BE USED FOR PAYMENT		VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
		AMEX <input type="checkbox"/>		
CARD NUMBER			AMOUNT	
SIGNATURE			EXP. DATE	
STATEMENT DATE 09/21/2002			ACCOUNT NUMBER 000000000IP2	
AMOUNT DUE 36.00			AMOUNT PAID \$	

|||||
CYNTHIA BARNHILL
1745 LEGION RD
CHAPEL HILL NC 27517-2351

A167
DF5

|||||
MEDICAL MODALITIES INC.
P.O. BOX 640
122 SOUTH MAIN STREET
KANNAPOLIS NC 28081-3211

Please check we have your current insurance information??
and indicate change(s) on reverse.

▼ Please detach and return top portion with your payment

MEDICAL MODALITIES INC. * P.O. BOX 640 * 122 SOUTH MAIN STREET * KANNAPOLIS NC 28082-0640

DATE	CODE	DESCRIPTION	RENT IND	CHARGE	PATIENT PORTION	PAYMENT
08/15/2002	E0730	TENS NIKOMED FLIP - 4 LEAD	R	60.00	12.00	
08/15/2002	A4595	TENS SUPPLIES 4 LEAD	P	30.00	6.00	
09/15/2002	E0730	TENS NIKOMED FLIP - 4 LEAD	R	60.00	12.00	
09/15/2002	A4595	TENS SUPPLIES 4 LEAD	P	30.00	6.00	
* NOTE: R=Rental P=Purchase O=N/A		TOTALS:		180.00	36.00	
						INSURANCE PENDING: 144.00
						TOTAL DUE: 180.00
						AMOUNTS APPLIED TO DEDUCTIBLE:
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	Statement Date	Account Number
180.00					09/21/2002	000000000IP2
						PATIENT DUE 36.00

Your "Patient Portion" total is based on information obtained regarding your insurance deductible, co-payment or denial of your claim and the "Patient Portion" is now due. Insurance claims are submitted as a service to our clients and all charges remain the responsibility of the patient.

DURHAM REGIONAL HOSPITAL
1643 N ROXBORO RD
DURHAM, NC 27704-9988
919-470-4000

B20

JAN 08 2003

4657638

131

562070036 081902 081902

BARNHILL, CYNTHIA D

1745 LEGION RD

CHAPEL HILL

NC 27517

10151958 F S 081902 13

2 13 01 239158492

X1

11 051302

CYNTHIA D BARNHILL

1745 LEGION RD

CHAPEL HILL NC 27517

272 M/S/C STERILE SUPPLY
322 ARTHROGRAPHY
361 OR SVC MINOR SURGERY
610 MRI GENERAL
621 SUPPL INC TO RAD

CHARGE RATE

SERV DATE

QTY SERV UNITS

47 TOTAL CHARGES

73040

081902

1

106 00

23350

081902

1

369 00

73221

081902

1

142 00

081902

1

900 00

081902

1

82 00

001 TOTAL

5

1599 00

310 BC STAT T01

E0000 0004N

54 PRIOR PAYMENTS

55 EST AMOUNT DUE

BARNHILL

CYNTHIA D

1 23915849204

00

3 UNEMPLOYED

56 EMPLOYER LOCATION

83100 71941 78079

83100

9 8832 081902

8894 081902

82 ATTENDING PHYS ID
G36911 DELLAERO, DAVID T

83 OTHER PHYS ID
G36911 DELLAERO, DAVID T

OTHER PHYS ID

PROVIDER REPRESENTATIVE

BCBS STATE ADMIN

PO BOX 35

DURHAM

, NC 27702

OCT 17 2002

HEALTH INSURANCE CLAIM FORM 4304 LANIER LAW

BARNHILL CYNTHIA

1745 LEGION RD

CHAPEL HILL

27517

(919 942-5726

SAME

23915849204

BCBS/STATE EMPLOYEES

Signature on File

DATE 10/15/02

08 19 02

DAVID DELLAERO, MD

NC G36911

719.41 RADIOLOGY SERVICE

56-0945618

4657638

RANDY A CRUELL, MD

10/15/02

DURHAM REGIONAL HOSPITAL
3643 N ROXBORO RD
DURHAM, NC 27704

1. MEMBER'S ID NUMBER

2. MEMBER'S NAME (Last, First, Middle)

SAME

3. MEMBER'S ADDRESS (No Street)

SAME

CITY

ZIP CODE

TELEPHONE

4. MEMBER'S POLICY GROUP OR PROGRAM NAME

5. MEMBER'S DATE OF BIRTH

MM DD YY

6. EMPLOYER'S NAME OR SCHOOL NAME

7. INSURANCE PLAN NAME OR PROGRAM NAME

8. IS THERE ANOTHER HEALTH BENEFIT PLAN?

☒ YES☐ NO

If yes, return to the member.

9. INSURER'S OR AUTHORIZED REPRESENTATIVE'S

Signature of medical benefits to the member and for services described below.

Hospital based Physician

SIGNED SIG. ON FILE

10. DATES PATIENT UNABLE TO WORK IN CURRENT

MM DD YY

FROM

TO

11. HOSPITALIZATION DATES RELATED TO CURRENT

MM DD YY

FROM

TO

12. OUTSIDE LAB?

S CHARGE

☐ YES☒ NO

13. MEDICAID RESUBMISSION

CODE

ORIGINAL REF

14. PRIOR AUTHORIZATION NUMBER

A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R		S		T		U		V		W		X		Y		Z		AA		AB		AC		AD		AE		AF		AG		AH		AI		AJ		AK		AL		AM		AN		AO		AP		AQ		AR		AS		AT		AU		AV		AW		AX		AY		AZ		BA		BB		BC		BD		BE		BF		BG		BH		BI		BJ		BK		BL		BM		BN		BO		BP		BQ		BR		BS		BT		BU		BV		BW		BX		BY		BZ		CA		CB		CC		CD		CE		CF		CG		CH		CI		CJ		CK		CL		CM		CN		CO		CP		CQ		CR		CS		CT		CU		CV		CW		CX		CY		CZ		DA		DB		DC		DD		DE		DF		DG		DH		DI		DJ		DK		DL		DM		DN		DO		DP		DQ		DR		DS		DT		DU		DV		DW		DX		DY		DZ		EA		EB		EC		ED		EE		EF		EG		EH		EI		EJ		EK		EL		EM		EN		EO		EP		EQ		ER		ES		ET		EU		EV		EW		EX		EY		EZ		FA		FB		FC		FD		FE		FF		FG		FH		FI		FJ		FK		FL		FM		FN		FO		FP		FQ		FR		FS		FT		FU		FV		FW		FX		FY		FZ		GA		GB		GC		GD		GE		GF		GG		GH		GI		GJ		GK		GL		GM		GN		GO		GP		GQ		GR		GS		GT		GU		GV		GW		GX		GY		GZ		HA		HB		HC		HD		HE		HF		HG		HH		HI		HJ		HK		HL		HM		HN		HO		HP		HQ		HR		HS		HT		HU		HV		HW		HX		HY		HZ		IA		IB		IC		ID		IE		IF		IG		IH		II		IJ		IK		IL		IM		IN		IO		IP		IQ		IR		IS		IT		IU		IV		IW		IX		IY		IZ		JA		JB		JC		JD		JE		JF		JG		JH		JI		JJ		JK		JL		JM		JN		JO		JP		JQ		JR		JS		JT		JU		JV		JW		JX		JY		JZ		KA		KB		KC		KD		KE		KF		KG		KH		KI		KJ		KK		KL		KM		KN		KO		KP		KQ		KR		KS		KT		KU		KV		KW		KX		KY		KZ		LA		LB		LC		LD		LE		LF		LG		LH		LI		LJ		LK		LM		LN		LO		LP		LQ		LR		LS		LT		LU		LV		LW		LX		LY		LZ		MA		MB		MC		MD		ME		MF		MG		MH		MI		MJ		MK		ML		MN		MO		MP		MQ		MR		MS		MT		MU		MV		MW		MX		MY		MZ		NA		NB		NC		ND		NE		NF		NG		NH		NI		NJ		NK		NL		NM		NN		NO		NP		NQ		NR		NS		NT		NU		NV		NW		NX		NY		NZ		OA		OB		OC		OD		OE		OF		OG		OH		OI		OJ		OK		OL		OM		ON		OO		OP		OQ		OR		OS		OT		OU		OV		OW		OX		OY		OZ		PA		PB		PC		PD		PE		PF		PG		PH		PI		PJ		PK		PL		PM		PN		PO		PP		PQ		PR		PS		PT		PU		PV		PW		PX		PY		PZ		QA		QB		QC		QD		QE		QF		QG		QH		QI		QJ		QK		QL		QM		QN		QO		QP		QQ		QR		QS		QT		QU		QV		QW		QX		QY		QZ		RA		RB		RC		RD		RE		RF		RG		RH		RI		RJ		RK		RL		RM		RN		RO		RP		RQ		RR		RS		RT		RU		RV		RW		RX		RY		RZ		SA		SB		SC		SD		SE		SF		SG		SH		SI		SJ		SK		SL		SM		SN		SO		SP		SQ		SR		SS		ST		SU		SV		SW		SX		SY		SZ		TA		TB		TC		TD		TE		TF		TG		TH		TI		TJ		TK		TL		TM		TN		TO		TP		TQ		TR		TS		TU		TV		TW		TX		TY		TZ		UA		UB		UC		UD		UE		UF		UG		UH		UI		UJ		UK		UL		UM		UN		UO		UP		UQ		UR		US		UT		UU		UV		UW		UX		UY		UZ		VA		VB		VC		VD		VE		VF		VG		VH		VI		VJ		VK		VL		VM		VN		VO		VP		VQ		VR		VS		VT		VU		VV		VW		VX		VY		VZ		WA		WB		WC		WD		WE		WF		WG		WH		WI		WJ		WK		WL		WM		WN		WO		WP		WQ		WR		WS		WT		WU		WV		WW		WX		WY		WZ		XA		XB		XC		XD		XE		XF		XG		XH		XI		XJ		XK		XL		XM		XN		XO		XP		XQ		XR		XS		XT		XU		XV		XW		XX		XY		XZ		YA		YB		YC		YD		YE		YF		YG		YH		YI		YJ		YK		YL		YM		YN		YO		YP		YQ		YR		YS		YT		YU		YV		YW		YX		YZ		ZA		ZB		ZC		ZD		ZE		ZF		ZG		ZH		ZI		ZJ		ZK		ZL		ZM		ZN		ZO		ZP		ZQ		ZR		ZS		ZT		ZU		ZV		ZW		ZX		ZY		ZZ	
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Billing Worksheet
CYNTHIA D BARNHILL

NC SPECIALTY HOSPITAL
Account: 3295

Page 1
09/25/02

1745 LEGION RD

Case: 6229 / 9/12/02 ARTHROSCOPY, SH

CHAPEL HILL, NC 27517

Confirmed: 09/19/02

Surgeon:

DAVID T. DELLAERO, MD

Procedure: ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE

Date	Code	Item Description	Qty	Amount
09/12/02	258	SOLUTION IV NACL 0.9% IRRIG 3000CC	4	84.00
		Sub Total 258:	4	\$84.00
09/12/02	360	OR SERVICES (14:15 - 15:27)	71	4,756.00
		Sub Total 360:	71	\$4,756.00
09/12/02	370	ANESTHESIA (14:11 - 15:35)	84	252.00
		Sub Total 370:	84	\$252.00
09/12/02	710	RECOVERY CARE (15:30 - 16:30)	60	500.00
		Sub Total 710:	60	\$500.00
09/12/02	360	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDE	1	.00
09/12/02	360	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMP	1	.00
		Sub Total 360:	2	\$0.00
09/12/02	636	FENTANYL 100MG/2ML AMP J3010	1	58.00
09/12/02	636	FENTANYL 250MG/5ML INJ J3010	1	14.11
09/12/02	636	ONDANSETRON 4MG/2ML INJ ((ZOFTRAN) J2405	1	82.08
		Sub Total 636:	3	\$154.19
09/12/02	270	POLAR CARE 300 SHOULDER	1	399.60
09/12/02	270	POLAR CARE SHOULDER PAD	1	118.80
09/12/02	270	TUBING PUMP ARTHREX	1	174.00
		Sub Total 270:	3	\$692.40
09/12/02	272	GREY CANNULA #7	1	84.00
09/12/02	272	VORTEX HOODED BURR 6.0MM	1	158.40
09/12/02	272	WAND ARTHROCARE TURBOVAC 90 3.5MM	1	516.00
		Sub Total 272:	3	\$758.40
09/12/02	250	BUPIVACAINE 0.25% INJ 50ML (SENSORCAINE)	2	23.00
09/12/02	250	CEFAZOLIN 1GM ADD-VANT W/ 50ML IV	1	19.42
09/12/02	250	EPINEPHRINE 1:1,000 INJ 30ML	1	13.37
09/12/02	250	LIDOCAINE 1% W/EPI 1:100,000 INJ 30ML	1	11.50
09/12/02	250	MIDAZOLAM 2MG/2ML VIAL (VERSED)	1	14.50
09/12/02	250	MIDAZOLAM 2MG/2ML VIAL (VERSED)	1	14.50
09/12/02	250	MORPHINE 10MG INJ J2275	1	14.50
09/12/02	250	OXYCONTIN 20MG TAB	1	.00
09/12/02	250	PROPOFOL 1% 20ML VIAL (DIPRIVAN)	1	72.88
		Sub Total 250:	10	\$183.67
09/12/02	290	ARTHREX PUMP	1	.00
09/12/02	290	ARTHROCARE CORD	1	.00
09/12/02	290	ARTHROCARE UNIT	1	.00
09/12/02	290	ARTHROSCOPIC RASPS/AWLS	1	.00
09/12/02	290	ARTHROSCOPY TOWER	1	.00
09/12/02	290	BASIN, OR	1	.00
09/12/02	290	CAUTERY, CONMED SABRE 2400	1	.00
09/12/02	290	MITEK VAPR	1	.00
09/12/02	290	SHOULDER CHAIR, ALLEN MED	1	.00
09/12/02	290	SUCTION CAROUSEL	1	-.00
		Sub Total 290:	10	\$0.00

Total: \$7,380.66

OCT 16 2002

MS0375

S T A T E M E N T

10/14/02

DURHAM ANESTHESIA ASSOC., P.A.
P.O. BOX 15609
DURHAM , NC 27704
(919) 384-0200

PAGE: 1

CYNTHIA D BARNHILL
1745 LEGION RD
CHAPEL HILL , NC 27517

ACCOUNT NUMBER: 03295
PATIENT NAME : CYNTHIA D BARNHILL

CODE... DESCRIPTION

DIAGNOSIS: 840 .4 SPRAIN ROTATOR CUFF

D.O.S. CPT ... DESCRIPTION PROV AMOUNT

SERVICES RENDERED

09/12/02 29826 ARTHROSCOPY, SHOULDER, SURGI PARVATA 780.00
TIME 14:11 15:35 C-UNIT 10.0 ANES-B PS- LOC-SH MDIR-C

TOTAL \$780.00

TAX ID NUMBER 56-1275994

NOTICE: THIS IS AN ITEMIZED STATEMENT OF ACTIVITY ON YOUR ACCOUNT

SouthTechEX
Attn: Accounts Receivable
2609 Discovery Drive Suite 125
Raleigh, NC 27616



Andrea Carson 800-292-5966 Ext. 150
 919-832-9555

Cynthia D. Barnhill
1745 Legion Road
Chapel Hill, NC 27517

STATEMENT OF ACCOUNT

Cynthia D. Barnhill
Account Number # 02-0001851

DATE: 10/15/02

DATE	INVOICE	DESCRIPTION	AMOUNT
9/12/2002	0003201-IN	Accufuser Pain Pump	\$625.00

TOTAL DUE SOUTHTECH EX

\$625.00

Please contact Andrea Carson at above number if you have any questions
or to make payment arrangements.

Please forward payment upon receipt of this bill. Your insurance has been filed and
has paid the required amount minus any co-insurance and or deductible or has denied the claim.

Please note that we file your insurance as a courtesy and that the patient is responsible
for payment. Thank You

PLEASE DETACH AND RETURN WITH PAYMENT REMITTANCE ADVICE

Cynthia D. Barnhill
Account# 02-0001851
Dates of Service: 9/12/2002

Due Date: 11/15/02
Amount Due: \$625.00

Amount Enclosed: _____

EXHIBIT C

THE NORTH CAROLINA FAMILY DOCTOR, P.A.

151 Rams Plaza, Chapel Hill, NC 27514 (919) 968-1985

#8

5/13/02 Cynthia Barnhill 67-605 210°
Date Patient Name Chart No. Height Weight

CC: pt's was in MVA today around 7:30-8 AM. pt was driving, and car was hit from behind on driver's side. Neck feels stiff and has spasms. arms feel weak.

meds: Serenel 200mg T qhs, Celexa 40mg qhs, Depakote 750mg qhs
J. S. 24
Thompson
Arthur
5/200
miley

5/13/02

Cynthia Barnhill

67-605

- S: See chart. In addition, patient does have some stiffness in her neck. Denies any pain or numbness radiating out into arm. Denies abdominal pain. No dizziness, CP, SOB. Patient was pulling her Honda CRV into a parking space when a vehicle struck her behind her rear tire swinging her car around. Patient was not evaluated at scene but notes that the car is not drivable. Airbags did not deploy. Otherwise no C/O.
- O: General: NAD. A&O. HEENT: TM's, nares, posterior ora WNL. No carotid bruits, cervical lymphadenopathy, or thyromegaly. FROM C-spine with some tenderness on lateral rotation. CV: S₁, S₂. RRR. No MRG. Pulmonary: CTA. M/S: Motor 5/5 bilaterally UE/LE. Pulse intact. DTR's intact. Positive tenderness over trapezius region bilaterally. No seatbelt sign. +/- tenderness over L clavicle. Patient was wearing seatbelt.
- A: Trapezius muscle spasm secondary to MVA.
- P: Discussed possible treatments with patient. Since patient is on other medications, decided to monitor muscle spasms. Patient to take Cytotec 5/200, 1 po tid prn pain, #15 with 1 refill. RTC if condition worsens. Advised heating pad.

Stephen R. Todd, PA-C/pm/kbo

THE FAMILY DOCTOR
151 RAMS PLAZA, CHAPEL HILL NC 27314

Arrival
7pm Check in
LLC Initial

SHOULDER TRAUMA/PAIN

RM# 8 Name: Cynthia Baruhill Age: 43 Sex: M Chart # 67405 Date: 7/17/02
Allergies: non-steroidal anti-inflammatory drugs Medications: Vicodin bid, Celebra 40mg qhr, Serenquel 100mg, Depakote 500mg qhs

SUBJECTIVE Cause of shoulder injury: MVA 5/13/02 When: 5/13/02 (R) shoulder
Mechanism of injury: (fall, collision, hyperextension): MVA

Past history of injury: 0 Activity that caused injury: ☐ football ☐ basketball ☐ tennis

☐ wrestling ☒ MVA ☐ other:

Was there immediate ☒ pain ☐ swelling ☒ lost of range of motion ☐ locking ☐ other:

☐ has pain, swelling, lost or range of motion, locking become worse since injury. ☒ scale of pain 1 to 10 7

at time of injury yes ☒ scale of pain now 7 What treatment has been instituted prior to arrival at this facility:

Worker's Compensation injury: YES ☒ NO ☐ Company:

Attorney contracted for litigation: YES ☒ NO ☐ LLC enor

OBJECTIVE: Ht: 218.0 Wt: 116 Temp: 98.4 Pulse: 84 LMP:

HEENT: CNII-XI: MINIMENTAL:

DTRS: HEART: LUNGS:

NEURO: OTHER: appear 97 normal

Inspection: (1) anterior - note if any of the following are positive findings ☐ prominence of Sterno-Clavicular joint L R ☐ Deformity of Clavicle L R ☐ prominence of Acromo-Clavicular joint L R ☐ Deltoid wasting L R. (2) Laterally ☐ swelling L R

Palpation: ☒ Tenderness ☐ Bruising ☐ Left ☐ Right ☐ Anterior and Lateral aspects of Gleno-Humeral joint ☐ Upper Humeral shaft and head via Axilla. ☒ Acromo-Clavicular joint ☐ Press below Acromion and abduct arm. ☐ Clavicle area

Range of Motion: Active: ☐ Left ☒ Right ☐ Apley "Scratch" Test - (test of abduction and external rotation)- have patient reach behind his head and touch superior medial angle of opposite scapula ☐ normal ☒ abnormal. ☐ Internal rotation and adduction - have patient reach in front of his head and touch opposite acromion ☐ normal ☒ abnormal. ☐ Internal rotation and adduction - have patient reach behind his back and touch the inferior angle of opposite scapula ☐ normal ☒ abnormal.

Range of Motion: Passive ☐ Left ☒ Right -- Abduction ☐ 90° ☐ normal 180°. Adduction ☐ 90° ☐ normal 45°. Flexion ☐ 90° ☐ normal 90°. Extension ☐ 45° ☐ normal 45°. Internal Rotation ☐ 45° ☐ normal 55°. External Rotation ☐ 45° ☐ normal 40-45°.

Motor Strength: ☒ Left ☒ Right -- Flexors ☒ normal ☐ weakness. Extensors ☒ normal ☐ weakness.

Sensation Testing: ☒ Left ☒ Right -- Lateral arm (C-5) ☒ normal ☐ decreased ☐ absent. Medial arm (T-1) ☒ normal ☐ decreased ☐ absent. Axilla (T-2) ☐ normal ☐ decreased ☐ absent. Axilla to Nipple (T-3) ☐ normal Nipple (T-4) ☐ normal ☐ decreased ☐ absent.

Special Tests: ☐ Yergason Test (biceps stability) - externally rotate arm and pull down on elbow. = ☐ stable ☐ unstable. ☐ Drop Arm Test (rotator cuff stability) - ☐ stable ☒ unstable. ☐ Apprehension Test (chronic shoulder dislocation) - abduct and externally rotate. ☐ stable ☐ unstable. Stable

Diagnostics: ☐ shoulder films plain: Findings:
☐ hemogram: hct: wbc: platelets: ☐ sed rate: ☐ other:

Avalon Medical Group

1001 South Hamilton Road
Chapel Hill, NC 27514

Barnhill, Cynthia
1745 Legion Word Road
Chapel Hill, NC-27517

05/31/2002

SSN: 239-1-8492

CHART #: 228

DOB: 06/15/1958

CHIEF COMPLAINT: Abdominal pain and blood in stool and neck pain.

PAST MEDICAL HISTORY: Includes

1. New patient visit to this establishment.
2. Health maintenance.
3. Gastritis.
4. Peptic ulcer discharge *drase*.
5. GI bleed.
6. Depression with hospitalization for the same.
7. Benign breast biopsy x 2.
8. Fibrocystic changes of the breast bilaterally.
9. Denies any chronic problems, illness, or surgeries. No problems otherwise.
10. Colon polyps. Last colonoscopy in 1996, due for the same.

MEDICATIONS: Include

1. Celexa 40 mg p.o. q.p.m.
2. Seroquel 200 mg p.o. q.p.m.
3. Depakote 750 mg p.o. q.d.
4. New prescription today for Protonix 40 mg one p.o. q.d. with samples given as well.
5. New prescription today for Flexeril 1/2 to 1 p.o. b.i.d. and one p.o. q.h.s.

ALLERGIES: No specific allergies, however tries to avoid NSAID, as they do cause GI bleed. No other specific allergies reported.

Anelia Petree, M.D.

APP

Avalon Medical Group

1001 South Hamilton Road
Chapel Hill, NC 27514

Barnhill, Cynthia

05/31/2002

SOCIAL HISTORY: The patient recently was laid off on her job as an accountant. She has been having a 15-year relationship with her partner, who ~~was~~ Deedra Donley. The patient's psychiatrist's name is Dr. Andrea Jimenez. The patient is a nonsmoker, nondrinker. 0 drugs, no routine exercise.

FAMILY HISTORY: No hypertension. She reports every body on her paternal side of the family ~~or~~ diabetes. Maternal grandfather with colon cancer in his 60s. Paternal grandmother with breast cancer ~~and nephritis~~. The patient's mother, sister, and brother with depression. Three paternal uncles and one paternal cousin committed suicide all from depression. No ~~heart~~ disease. ^{thyroid} Maternal grandfather with Alzheimer's disease. No ~~side effects~~ ^{early CAD} except in her brother at 41 years of age who also was abusing cocaine. Father and paternal uncle with alcoholism. Paternal grandmother with a stroke in her 80s.

HEALTH MAINTENANCE: The patient reports she last had a complete physical examination may be couple years ago. We did go ahead and ordered a mammogram today in anticipation. However, go ahead and get her physical ~~checked~~. She had a tetanus shot in 1998. Last colonoscopy in 1996 and we referred for the same today.

Subjective

reports an MVC
on 5/13/02.

Ms. Barnhill is a very pleasant 43-year-old white female. The patient new to the clinic comes with the above complaints. She at times sort of malaise. She May 13, 2002, where she was kept in ~~her~~ ^{on the} ~~the~~ home. She went to the family doctor who prescribed her ibuprofen knowing that she had had GI bleed in the past and she reports she took this and then since that time, she has developed abdominal cramping, bloated with gas as well. She does not have any ~~weight~~ weight loss. She has had some ~~discolored~~ ^{dark} stools. She also planning to ~~as well~~. No fevers or chills. Some significant cramping, however.

Anelia Petree, M.D.

ANP

Avalon Medical Group

1001 South Hamilton Road
Chapel Hill, NC 27514

Barnhill, Cynthia

05/31/2002

Some associated nausea and no vomiting. She reports she is having some back and neck pain associated from her ~~colic~~ ^{car wreck} as well. She has been trying to avoid anything given her significant trouble already. She is not even taking anything like Tylenol. She reports she would need something for that as well as neck back ^{Arthralgia} does feel very tight. She also was prescribed ~~from family~~ doctor after she had problems with ibuprofen, and of course she had problems with different ~~subsequently~~ as well. She also has significant GI history as above. She is due for colonoscopy as well and has been trying ~~to get it~~ ^{to get it} regarding the same. Otherwise she does not have any other complaints. She reports her moods has been stable and she has been fine from her depressive standpoint.

REVIEW OF SYSTEMS: As above.

Objective

V. Signs
General

HEENT
Neck
Lungs

Cardiovascular
Abdomen

Blood pressure 102/70, pulse 84, weight is 212 pounds.
Well developed, well nourished, in no acute distress. Nontoxic. ~~OK~~
Ill appearing. Extremely pleasant.
Benign. Moist mucous membranes.
Supple without any lymphadenopathy.
Clear bilaterally. Normal respiratory effort. No wheeze, rhonchi, or rales.
Regular in rate and rhythm. Normal S1 and S2.
Positive bowel sounds x all four quadrants. No evidence of any surgical scars or other any skin lesions. No rebound or guarding. She has some general epigastric discomfort, but no one palpable area in all quadrants, soft overall, nontender, and nondistended. She is overweight.
Rectal External rectal exam reveals no evidence of any external blood, hemorrhoids, lesions, or fissures. Insertion of ~~endoscopy~~ ^{anoscope} is done on procedure and the patient tolerated this very well. She has a small little area of some erythema and a small hemorrhoid within this area noted internally. There is no active bleeding noted. ~~Stool~~ ^{Stool} in the rectal vault.

Anelia Petree, M.D.

anemia

Avalon Medical Group

1001 South Hamilton Road
Chapel Hill, NC-27514

Barnhill, Cynthia

05/31/2002

She has normal tone and the exam is tolerated very well. *new*
Hemoccult here is positive for blood. Musculoskeletal of neck.
She has full range of motion of her neck. No pain on palpation
with the C spine to LS spine. She has no meningeal signs. She
also has some paravertebral muscle tenderness to the cervical and
lumbar area. Back, she does have ~~tenderness~~ *muscle* and some tenderness to
the muscular to the ~~muscular~~ *lumbar* area. She has full range of motion
about her back otherwise. Normal gait. Normal strength
bilaterally in the upper and lower extremities. Normal muscle tone
and no atrophy or weakness.

Assessment

1. Gastritis related to nonsteroidal antiinflammatory drugs use.
2. Cervical pain status post motor vehicle accident.
3. Muscle spasm status post motor vehicle accident.
4. Positive hemoccult here in the clinic with a report of GI bleeding at home as well and a history of the same.

Plan

1. I spent at least 35 to 40 minutes today with this new patient on all of these issues as above. We did a complete medical history review and delineation of her treatment of the above.
2. We are going to try some Flexeril 10 mg one-half to one p.o. b.i.d. and one p.o. q.p.m. for her muscle spasm. I have instructed her to try and start with Tylenol 1 g every six hours to see if this gives her some relief of her pain. Otherwise, we will have to try one of the other class ~~of~~ *of* drugs even consider Ultram and see if she does not have any problems with these first as given her symptoms like Vicodin or any class ~~of~~ *of* drugs that are not in NSAIDs class. Certainly, I discussed with her to be doing exercises to help stretch out her neck and range of motion to help with her symptoms as well. She voiced understanding and is in agreement with the same.

Anelia Petree, M.D.

Anelia

Avalon Medical Group

1001 South Hamilton Road
Chapel Hill, NC 27514

Barnhill, Cynthia

05/31/2002

- I have told her that if she has any tingling sensation down her arms or in the fingers or weakness please do not hesitate to come back and get it evaluated and she voiced understanding.
3. I gave her some Protonix 40 mg one p.o. q.d.. She is given #14 samples with lot # 3023159, expiring November 2003. She is also given a prescription for the same for three months. This is to for ~~infestation~~ ^{protonix} or any ulcerations, specifically this is causing her bleeding, associated with NSAID use.
 4. We did go ahead in referral for colonoscopy that she is **certainly** needs to get done. She is due as it has been six years and she noticed ^{to have} positive hemoccult and GI bleeding at home. Also with the positive family history of colon cancer with her grandfather in his 60s as well puts her at greater risk. We will refer her back to UNC where they have her records from previous colonoscopies.
 5. I will go ahead and order a mammogram in anticipation of her physical. I have asked her to come in a week before her physical to get labs done, fasting and is written out for reception to get these scheduled. We will discuss the results ^{of} her physical. She is up-to-date on other health maintenance issues and we have got a colonoscopy scheduled as above.
 6. I have instructed her that if she has any worsening of her symptoms, no improvement, new symptoms with the above prior to any other followup, please do not hesitate to come back and get it evaluated sooner. She voiced understanding and is in agreement with the same. Otherwise, I will see her back here for physical and most certainly follow up on how she is doing at that time as well.

Anelia Petree, M.D.

ARP/vna

D: 05/31/02 T: 06/03/02

ARP/vna
6-3-02

Arlon Medical Group
1001 South Hamilton Road
Chapel Hill NC 27514

ADULT HEALTH COORDINATION SHEET

DRUG: Allergies: NKA (anaphylaxis NSAIDs w/o GIB)
Reactions: _____

Barnhill, Cynthia
BARN239

PROBLEM LIST

DATE	PROBLEM	DATE RES.	DATE	PROBLEM	DATE RES.
	1. HEALTH MAINTENANCE		11.		
	2. <u>Anxiety</u>		12.		
	3. <u>PUD</u>		13.		
	4. <u>GIB lt</u>		14.		
	5. <u>Depression c/o hospitalization</u>		15.		
	6. <u>Burbot box x2 - benign path.</u>		16.		
	7. <u>PCC Bx</u>		17.		
	8. <u>Colon polyps (adenomatous) due 2005</u>		18.		
	9. <u>Intestinal hemorrhoids</u>		19.		
	10.		20.		

LIFESTYLE ISSUES (DATES DISCUSSED/CURRENT STATUS)

OCCUPATION	<u>Therapist as Acct. Tech</u>	MARITAL STATUS	<u>Partner - Deedra Donkey</u>
SMOKER	<u>⊖</u>	ETOH	<u>⊖</u>
SEAT BELTS		EXERCISE	<u>no routine</u>

FAMILY HISTORY/RELATIONSHIP

1. HTN <u>⊖</u>	2. Depression <u>M, B, S</u>	3. CAD <u>MI: ⊖</u>
4. DM <u>pat. - GDM</u>	5. Breast Canc. <u>PGM (40s)</u>	6. ETOH <u>F, pat. - uncle</u>
7. Colon Canc. <u>M, B, F (40s)</u>	8. Other <u>Alzheimers: M, B, F</u>	9. <u>DVA: PGM (80s)</u>

Thyroid ⊖

HEALTH MAINTENANCE

IMMUNIZATION	DATES
Pneumovax	MMR
Influenza	
Hepatitis B	
dT	1998

EXAM	DATES
Breast Exam	
Colon Screening	<u>1/102 #3</u>
Cholesterol	
Mammogram	
Pap & Pelm	
Rectal Exam	
TB	

FORM #0001-8338 (1/99)

1. Hemocult 2. Flex Sig. 3. Colonoscopy

Medication Usage

Avalon Medical Group
1001 South Hamilton Road
Chapel Hill NC 27514

Patients Name

Allergies: NKDA (ASTMA, NASH, JIC, HIB)

Adverse Reactions:

Abuses:

Barnhill, Cynthia

BAR N 239

[illegible]

Avalon Medical Group

1001 South Hamilton Road
Chapel Hill, NC 27514

Barnhill, Cynthia
1745 Legion ~~Word~~ Road
Chapel Hill, NC-27517

05/31/2002

SSN: 239-1-8492

CHART #: 228

DOB: 06/15/1958

CHIEF COMPLAINT: Abdominal pain and blood in stool
and neck pain.

PAST MEDICAL HISTORY: Includes

1. New patient visit to this establishment.
2. Health maintenance.
3. Gastritis.
4. Peptic ulcer discharge ~~discharge~~ *diagnosis*
5. GI bleed.

Raleigh Facial Pain Services

Keith A. Yount, DDS, FAGD
Diplomate, American Board of Orofacial Pain

Medical Review
BCBS of NC
State Employees Plan

RE: Cyndi Barnhill
Subscriber ID#: 239-15-8492
Ins Co: BCBS

DOB:10-15-58

Date: 06-19-2002

Ms. Cyndi Barnhill was seen for a detailed examination at Raleigh Facial Pain Services today. This correspondence will serve as a synopsis of the history obtained, findings of the examination, impressions and management recommendations. These are discussed with the patient at the consultation.

Ms. Cyndi Barnhill is a 43-year-old female working as an accountant. She receives her dental care from Dr. Theresa Robinson, and her medical care from Dr. Stephen Todd. Ms. Barnhill presented today with the *Chief Complaint* of "jaw and neck pain". The patient's home number is 942-5726.

HISTORY OF CHIEF COMPLAINTS:

1. Jaw Pain

Location: post auricular and pre-auricular

Onset: in September 1974, she was hit in the chin with a see saw; she was sent to the New Hanover ER for stitches in chin; she reported her bilateral jaw soreness and limited opening for two weeks; following the accident, a sporadic click begin in her left joint on early opening; between 1974-1995, the symptoms remained the same; in November 1995, she reports waking up with limited jaw opening, extreme pain at her left joint, and spasm of her deep Masseter; in Nov 95, Dr. Karen Sailer prescribed Tylenol #3 (+); Dr. Tommy Fix prescribed Lorcet (+); in January 1996, there was an increase in pain and muscle spasm with limited opening; Dr. Barry Kendell referred to PT for ultrasound and heat sessions (-); in March 1996, Dr. Kendell referred to Durham Regional for an MRI of jaw joint (by patient report, it revealed deterioration of her left disc); in May 1996, Drs. Kendell and Patterson performed arthrocentesis (+); on 5-13-02, she was involved in a MVC that resulted in neck pain, low back pain, numbness, & weakness in her arms; she consulted Stephen Todd, PA, at urgent care who prescribed Arthrotec (-); on 5-15-02, she reported her right deep Masseter had developed constant pain, a right side click on early opening, and sporadic joint locks on her left side; on 5-17-02, the jaw pain became bilateral and she develop a headache behind both ear; on 5-31-02, there the bilateral jaw pain and headaches became constant; she consulted Dr. Anelie Petree, who prescribed Flexeril (+); she consulted Dr. Theresa Robinson (by phone) who referred to Raleigh Facial Pain Services

Trauma: (1) in 1974, she was hit with a see saw

** (2) on 5-13-02, she was involved in MVC with her side struck by a truck backing out

Quality: (1) ache (2) deep

Quantity: severe

-temporal pattern: worse upon awakening

-verbal analog pain score: today 6/10, worst 8/10, and least 4/10

Pain constant with flares: onset (abrupt), frequency (6-7x weekly), length (minutes)

Progression Over Time: worse in frequency and severity

Aggravating Factors: chewing, talking, yawning, biting, and talking on the phone

Alleviating Factors: soft diet, muscle relaxant, relaxation, and hot compressions

Associated Symptoms: joint noise: left joint click began shortly after MVC; the right joint began to click several days later; locking developed in the left joint

Prior Evaluations:	<u>Provider</u>	<u>Specialty</u>	<u>Treatment</u>
	Karen Sailer	MD	Tylenol #3 (+)
	Tommy Fix	DDS	Lorcet (+)
	Barry Kendell	OS	see PT for ultrasound and heat (-)
	Durham Regional	MD	MRI
	Kendell & Patterson	OS, DDS	Arthrocentesis (+)
	Stephen Todd	PA, urgent care	Arthrotec (-)
	Anèlie Petree	MD	Flexeril (+)
	Theresa Robinson	DDS	referred to RFPS

Past Medications for This Pain: (+) means effective, (-) means ineffective: Flexeril (+)

2. Neck Pain

Location: bilateral sub-Occipitals

Onset: on 5-15-02, following a MVC she reported constant pain and muscle spasm; on 6-2-02, she consulted Dr. Beverly Large for an chiropractic evaluation

Quality: (1) throb (2) deep

Quantity: moderate

-temporal pattern: worse upon awakening and on workdays doing computer work

-verbal analog pain score: today 6/10, worst 9/10, and least 3/10.

-lifestyle changes: lifting and decrease in neck and head ROM

Pain episodes: onset (abrupt), frequency (2x daily), length (minutes)

Progression Over Time: worse in severity

Aggravating Factors: lifting; ROM right to left, left to right, head forward to back

Prior Evaluations:	<u>Provider</u>	<u>Specialty</u>	<u>Treatment</u>
	Beverly Large	DC	evaluation
	Stephen Todd	MD	Arthrotec (-)

Past Medications for This Pain: Flexeril (+), Tylenol #3 (+)

MEDICAL: Hospitalizations: tonsils (61), 2 nasal septic plugs (82, 93), foot (89), wrist blood clot (97)
Conditions: low back pain, numbness down both arms, pain in Brachio-radialis since MVC, sinus, IBS, stomach ulcers, NSAIDS created a GI bleed
Current Medications: Depakote, Celexa, Seroquel

CLINICAL EXAMINATION:

Palpation temporomandibular joint: Right: severe tenderness lateral pole, posterior lateral pole, loading tenderness. Left: moderate tenderness lateral pole, severe post. lateral pole and loading tenderness.

The pop in left joint could be felt under finger during palpation.

Clenching on Separator: clenching on separator on the bilateral refers discomfort to right Masseter

Auscultation temporomandibular joint: Right: moderate rotational crepitus, coarse translational crepitus.
Left: moderate rotational crepitus, coarse translational crepitus. Reciprocal click painful-opening 12mm-closing 15mm. Click was removed on protrusive opening and closing.

Range of Motion Measurements: Opening without pain----- 18 mm
Opening with pain----- 35 mm, refers to left joint.
Right lateral----- 6 mm
Left lateral----- 8 mm, refers to left Masseter.
Protrusive----- 8 mm

Muscle Assessment:

Severe: (Right): anterior border Masseter, origin Masseter, deep Masseter, middle Temporalis, posterior Temporalis (same pain as headache), Temporalis insertion, anterior Trapezius, Trapezius insertion, Splenius Capitis, SCM, SCM insertion, anterior Digastric, posterior Digastric, Medial Pterygoid
(Left): anterior border Masseter, Masseter insertion, deep Masseter, anterior Temporalis, middle Temporalis, posterior Temporalis (same pain as headache), Temporalis insertion, anterior Trapezius, Trapezius insertion, Splenius Capitis, SCM, SCM insertion, anterior Digastric, posterior Digastric, Medial Pterygoid

Moderate: (Right): superficial Masseter, Masseter insertion, anterior Temporalis, Lateral Pterygoid
(Left): superficial Masseter, origin Masseter, Lateral Pterygoid

Trigger Points:(Right & Left): multiple trigger points in both Masseter, Trapezius, and few in SCM
Cervical Screening: extreme forward head and shoulder posture; major discomfort and restriction in flexion/extension, rotation, and lateral tilt referring pain to SCM, Trapezius, and Masseter

Vascular Assessment: moderate tenderness in Facial artery on palpation

Sleep Pattern: un-refreshed sleep; difficulty in falling, maintaining, and returning to sleep; sleep onset is 30 minutes; one awakenings/night; pain upon awakening is of jaw, neck, and ear; sleeps 7/7.5 hours

Psychosocial: patient acknowledges anxiety of PTSD from MVC, stress, and depression associated with pain syndrome; patient's reporting style is high sensory using words such as tender and ache; she has been treated for major depression since 1994; family history of depression (father and mother); presently taking Depakote, Seroquel, and Celexa; presently under care of Dr. Jimenez

Nutritional Screening: 1) no multiple vitamins 2) no supplements 3) Stimulants with vasoconstriction properties in muscle: 3 caffeine intake

Oral Examination: Significant Findings: working contacts-right is canine/1st premolar & 2nd molar, left is canine and lateral; muscle activating contacts-2/31; protrusive contacts-incisors; skeletal-prognathic; ant relationship-Class I bilaterally & post relationship-Class I & II on right side; overjet - 3 mm; overbite - 2 mm; wisdom teeth extracted (1,16,17,32); soft tissue exam-WNL; crossbite on 5/28; missing teeth (5,12,21); crowns (3,18,19,30,31); root canal (19)

Parafunction: patient denies mass hyper, antigonal notch, palatal tori, broken teeth, and max bone buttress; occlusal adjustment; she has had 3 different splints (2 soft and 1 hard); the soft splints increased the pain; hard upper splint reduced clenching, but does not fit due to new crowns in 1998

Cardiovascular Conditioning: no cardiovascular conditioning; Weight: 209 lbs; Height: 5'10"

IMPRESSIONS:

<u>Diagnosis</u>	<u>ICD-9 code</u>
Tension Headache	307.81
Myofascial Pain Dysfunction	728.9
Internal Derangement	524.69
Cervical Dysfunction	739.1

RECOMMENDATIONS: The successful management of chronic pain requires an understanding of the pathophysiology and management protocols and recommendations. Successful pain reduction requires a tenacious and continuous effort at implementation by the patient. It requires physical therapy, SMT, & RFPS every week for first 5 weeks after the consult, then bi-weekly for approximately 6 weeks. The duration of the protocol will be approximately two months for muscle based pathologies and longer for joint pathologies, ARS, or fibromyalgia. The protocol will commence the week after the consult. The use of medications and guidelines will follow the protocol in medication material provided. Note: 12 visits for each of the three modalities

Facial Pain (99214 or 99215)-medical management, medication adjustment, behavioral therapy (repeat timer), time contingent medications (Valium bid, Flexeril qhs, Motrin tid); trigger point injections around 6 to 8 visit to PT, hot compresses to Masseter, very warm liquid to Medial Pterygoid; **Muscle Relaxation Orthotic (21110-52)**-(new) muscle recruitment deprogrammer (orthotic) adjustments weekly

Manual Therapy (Center for Creative Healing)- ROM mobilization, postural retraining, trigger point therapy, neuromuscular therapy, TENS, ultrasound, ice & stretch, iontophoresis

Sympathetic modulation training (Sue Intemann)-biofeedback, progressive muscle relaxation, stress management, parafunction retraining, depression management

Medical Nutrition Therapy (97802 and 97803) (Mary Elizabeth Smith, RD, LDN)

We appreciate your participation in the recommended treatment plan for Cyndi Barnhill. If you have any questions concerning our findings and management recommendations, please feel free to call.

Sincerely,

A handwritten signature in black ink that reads "Keith A. Yount DDS". The signature is written in a cursive, flowing style.

Keith A. Yount, DDS, FAGD

Diplomate, Amer. Board Orofacial Pain

Phone
(919) 781-6600

KEITH A. YOUNT, DDS, FAGD
Diplomate, American Board of Orofacial Pain
4505 Fair Meadow Lane, Suite 207
Raleigh, North Carolina 27607

DATE 7-18-02

NAME Cyndi Barnhill

Vain 2 mg
1 tab b.i.d
Disp: 20 tabs

REFILL 0 TIMES

GENERIC ALLOWED

AS WRITTEN

KEITH A. YOUNT, D.D.S.
A48778865

Keith A. Yount

Phone
(919) 781-6600

KEITH A. YOUNT, DDS, FAGD
Diplomate, American Board of Orofacial Pain
4505 Fair Meadow Lane, Suite 207
Raleigh, North Carolina 27607

DATE 7-18-02

NAME Cyndi Barnhill

Flexeril 10 mg
1 tab qhs
Disp: 10 tabs

REFILL 0 TIMES

GENERIC ALLOWED

AS WRITTEN

Keith A. Yount
A48778865

Phone
(919) 781-6600

KEITH A. YOUNT, DDS, FAGD
Diplomate, American Board of Orofacial Pain
4505 Fair Meadow Lane, Suite 207
Raleigh, North Carolina 27607

DATE 7-18-2002

NAME Cyndi Barnhill

Viox 12.5
1 tab b.i.d
Disp: 20 tabs

REFILL 0 TIMES

GENERIC ALLOWED

AS WRITTEN

Keith A. Yount
A48778865

Cyndi
Barnhill

6-27-02 faxed order to UNC @ 9:05 AM

7-14-02 At called; wanted to schedule.

7-15-02 pt. scheduled for 7/18 for consult.

7-18-02 Consult, packet 2
called pt. left msg. that I've scheduled her
for imp. @ 11:00 AM on Thurs 7/25/02.
Great understanding partner

7-25-02 Imp/packet

JA		
61061		30%
000	A	5%

PT → must start, give card

BIO → Cover MRI

HA - ~~non~~ random, variable, no plan
packet 3 + Tonga HA
\$ Balance 445⁰⁰

7-26-02 called pt. to see if/what I needed to with
the info.

Raleigh Facial Pain Services

Keith A. Yount, DDS, FAGD
Diplomate, American Board of Orofacial Pain

Imaging Order:

6/27/2002

Please send films by courier as soon as possible. Also, please FAX REPORT to 781-6430.

MRI—scheduled for 7/8/02 @ 10:00 pm

Patient Name: Cynthia D. Barnhill DOB: 10/15/58
Address: 1745 Legion Road
Chapel Hill, NC 27517

Home Telephone: # 942-5726

Insurance Company: BCBS of NC State Health Plan

Insured's Name: self Member number: 239-15-8492

Exam(s) Ordered: MRI of the TMJ's, please image through the entire condyles (bilaterally);
please pay particular attention to the lateral poles.

Brief History: patient had prior study done at Durham Regional Hospital in 1996

Right joint: moderate rotational crepitus, coarse translational crepitus

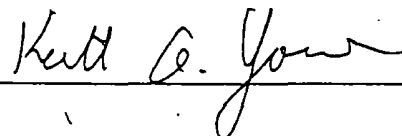
Left joint: moderate rotational crepitus; coarse translational crepitus; reciprocal click
non-painful on opening at 12 mm and on closing at 15 mm; click was removed on
opening and closing in protrusive; pop could be felt under finger during palpation

Please screen patient for presence of metallic particles/objects prior to examination.

Diagnosis: 524.69 Internal Derangement 307.81 Tension Headache

Doctor's phone: (919) 781-6600 fax: (919) 781-6430

Signature



Keith A. Yount, DDS, FAGD
Diplomate, Amer. Board Orofacial Pain

The patient Cyndi Barnhill was seen for
exam on 6-19-02 ~~and~~ consult 7-18-02
and impression for impression for her
arthritic. She has failed to return to
delivery of the arthritic, ~~and~~ she has
not schedule PT or Bio. The main
reason for delays are multiple
surgeries. Since we have not started
the neuromuscular program, we can
not report on MMT. She reports
the symptoms of jaw pain began after
accident. I can only report what I
see at time accident which is ~~joint~~
disc dislocation w/o reduction, jaw muscle
pain, and neck pain (see detail letter).
I hope Cindy may be able to come
in soon for the beginning of her
neuromuscular program as soon as her
multiple surgeries are at end.

RADIOLOGIST'S REPORT

UNIVERSITY OF NORTH CAROLINA HOSPITALS
DEPARTMENT OF RADIOLOGY
CHAPEL HILL, NORTH CAROLINA

NAME: BARNHILL, CYTHIA D MRN: 7092687
RACE: White SEX: F
REQ PHYS: Keith Yount, M.D. SSN: 239158492 DOB: 10/15/1958
REQ LOCATION: Magnetic Resonance I
SERVICE: Magnetic Resonance CLINIC: Magnetic Resonance I
Reason for Exam: internal derangement
Physician Address: Keith Yount, M.D.
4505 Fair Meadow Ln
Ste 207
Raleigh, NC 27607

Date: 7/8/2002 Procedure ID: 00715166 Procedure(s): TMJ MRI ICD

VERIFIED

07/0802 MRI OF THE BILATERAL TEMPOROMANDIBULAR JOINTS

DICTATED: 07/09/02

MR number: 709268-7.

Comparison study: None.

HISTORY: forty-three year old female with internal derangement.

TECHNIQUE: multi-sequence, multi-planar MRI imaging of the bilateral temporomandibular joints was performed without intravenous Gadolinium administration.

FINDINGS: Images through the right temporomandibular joint demonstrate displacement of the meniscus anteriorly on the closed mouth images which does not reduce on the open mouth images. The right meniscus is heterogeneous in its signal intensity. The right mandibular condyle and temporomandibular fossa are normal in appearance without evidence of erosive changes. The right condyle translates normally on the open mouth view.

Images through the left temporomandibular joint also demonstrate both anterior and medial displacement of the meniscus which also demonstrates heterogeneous signal. The left mandibular condyle and temporomandibular fossa are normal in appearance without evidence of erosive changes. The left condyle translates appropriately on the open mouth view.

Neither menisci reduce on the open mouth views.

IMPRESSION: 1. Anterior displacement of both temporomandibular joint menisci which do not demonstrate reduction on mouth opening. 2. Normal appearing bilateral mandibular condyles and temporomandibular joint fossae. NC/vsh

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
Chapel Hill NC 27517 CHART #:6008205

7/23/2002 DAVID T. DELLAERO, MD
POST-OP

-CONTINUED-

7/30/2002 DAVID T. DELLAERO, MD
PRIOR PATIENT NEW CONDITION

DATE OF INJURY: 5/13/02

CHIEF COMPLAINT: Right shoulder pain following motor vehicle
accident 5/13/02

HISTORY: 61 43-year old right hand dominant female reports
that she was hit on the driver side of her vehicle by a small
truck on the above date. She felt weak in the arm initially.
Initially had some numbness which resolved. Currently has
pain in the lateral arm posterior shoulder joint, anterior
shoulder joint. She reports she has had a history of
subluxation of the glenohumeral joint and feels that it did
potentially slipped out of joint when this happened. It does
interfere with her sleep. Pain is worse when reaching
overhead.

PAST MEDICAL HISTORY: Previous Cortisone injections, oral
steroids, fractures and depression/anxiety. Peptic ulcer, GI
bleeding and asthma.

SURGERIES: Arthroscopic surgery to left knee 6/27/02,
tonsillectomy in 1963 and two nasal septoplasties in 1982 and
1993.

FAMILY HISTORY: Arthritis, cancer, diabetes and depression.

CURRENT MEDICATIONS: Celexa and Tylenol #3.

ALLERGIES: 1. PERCOCET
2. NON-STEROIDALS

SOCIAL HISTORY: Accounting.

TOBACCO/ALCOHOL: Denies the use of tobacco, alcohol or
recreational drugs.

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
Chapel Hill NC 27517 CHART #:6008205

7/30/2002 DAVID T. DELLAERO, MD
PRIOR PATIENT NEW CONDITION

-CONTINUED-

REVIEW OF SYSTEMS: Positive for joint pains and acne.

EXAMINATION: On examination she appears well and in no apparent distress. Cervical spine is nontender. Range of motion is without discomfort and Spurling sign is negative. She is tender at the right acromioclavicular joint mildly. She has full forward elevation with a painful arc of motion. External rotation with the arm at the side is to 70 degrees. Impingement sign is positive. Internal rotation is to T7. Elbow range of motion is full. Distal neurovascular function is intact. External rotator strength is 4+/5 with discomfort compared to 5/5 on the left. Internal rotator is 5/5 bilaterally. She has 1-2+ sulcus bilaterally. 1-2+ anterior load shift and 2+ posterior.

IMPRESSION: 1. Rotator cuff strain possible focal tear with multidirectional laxity and probable subluxation during injury.

DISPOSITION: Reviewed this at length with her. We discussed the risk and potential benefits of injection in the right shoulder. She desires to proceed.

PROCEDURE: After sterile prep with Betadine using sterile technique, she is given 3 cc of .5% Marcaine plain, 3 cc of 1% Xylocaine plain, and 40 mg of Kenalog into the right shoulder subacromial space. She will wait one week and then start a supervised home exercise program. Return two weeks. If she is not having any improvement following the injection with strength or discomfort, may consider MRI scan.

RX TODAY: 1. TYLENOL W/CODEINE #3 TABS, 50, 0 refills, Sig:1-2 po q6h prn pain

Typed by tlw from dictation by David T. Dellaero, M.D.

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/59
1745 Legion RD TEL: 919 942-5726
Chapel Hill NC 27517 CHART #:6008205

7/30/2002 DAVID T. DELLAERO, MD

-CONTINUED

X-RAYS

X-RAYS ORDERED: Four views right shoulder.

REASON X-RAYS ORDERED: Right shoulder injury with persistent pain.

INTERPRETATION OF INTERNAL X-RAYS: 61 These demonstrate Type I acromium. There is a very small inferior humeral head osteophyte. No other degenerative changes, fractures, tumors or other complicating features are noted and this is reviewed with her.

Typed by tlw from dictation by David T. Dellaero, M.D.

7/31/2002 DAVID T. DELLAERO, MD

INTERVAL NOTE

Ms. Barnhill was having significant problems even after her injection because of this and because of the chronicity of her problem, weakness, and pain I am recommending MRI scan of her right shoulder to rule out rotator cuff tear.

Typed by tnd from dictation by David T. Dellaero, M.D.

8/06/2002 DAVID T. DELLAERO, MD

PATIENT PHONE MESSAGE

DATE: 080602 TIME: 1203 TAKEN BY: KST
PHONE NO: 942-5726
PROBLEM: VICODIN FOR HER SHOULDER PAIN, ECKERDS 929-1178
TRIAGE SUGGESTION: [?]

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
Chapel Hill NC 27517 CHART #:6008205

8/13/2002 DAVID T. DELLAERO, MD
FOLLOW-UP NOTE

DATE OF INJURY: 5/13/02

MEDICAL/REFERRING PHYSICIAN: Glenn Withrow, M.D.

CHIEF COMPLAINT: Right shoulder worsening pain.

HISTORY: 61 Ms. Barnhill reports that she has worsening pain at rest, as well as with attempts at moving her right arm above and below chest level. She reports that Vicodin is barely controlling the discomfort. I have spoken to her physical therapist, who feels that Ms. Barnhill's shoulder sx are refractory to therapy at this point. The injection did not help. She notes weakness, as well as pain, crepitation, and sensation of instability. She reports that her left shoulder also dislocated during the injury, but feels it has gotten much better. No problems with her left knee by her report.

CURRENT MEDICATIONS: Celexa, Vicodin.

ALLERGIES: 1. PERCOCET
2. NON-STEROIDALS

EXAMINATION: On examination, there is a painful arc of motion. There is also pain with rotation below shoulder level. She is unable to tolerate this significantly. There is no warmth or erythema about the shoulder. Distal neurovascular function is intact.

IMPRESSION: Right shoulder reported instability with weakness and pain despite PT and injection.

DISPOSITION: Recommend MR/arthrogram to rule out rotator cuff tear, rule out labral tear. Hold PT for now. Increase Hydrocodone dosage to Lortab. Home TENS unit. Return following MRI.

RX TODAY: 1. LORTAB 7.5 TABS, 50, 0 refills, Sig:1 po q6h pr pain

Typed by sbc from dictation by David T. Dellaero, M.D.

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
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8/13/2002 DAVID T. DELLAERO, MD
FOLLOW-UP NOTE

-CONTINUED

cc: Dr. Withrow

8/22/2002 DAVID T. DELLAERO, MD
DRUG REFILL PHONE MESSAGE

DATE: 082202 TIME: KST TAKEN BY:
PHONE NO: 942-5726
DRUG REQUESTED: LORTAB PLUS
PHARMACY: ECKERDS PHARMACY NUMBER: 929-1178
TRIAGE SUGGESTION: {?}

8/23/2002 DAVID T. DELLAERO, MD
DRUG REFILL PHONE MESSAGE

DATE: 082302 TIME: 949 TAKEN BY: LP
PHONE NO: 919-942-5726
DRUG REQUESTED: LORTAB 7.5MG -- WILL RUN OUT OVER WKEND
PHARMACY: ECKERD PHARMACY NUMBER: 929-1178
TRIAGE SUGGESTION:

***** 2ND MSG *****

8/27/2002 DAVID T. DELLAERO, MD
FOLLOW-UP NOTE

DATE OF INJURY: 5/13/02

MEDICAL/REFERRING PHYSICIAN: Dr. Glenn Withrow

CHIEF COMPLAINT: Follow up right shoulder; still hurting.

HISTORY: 61 Ms. Barnhill is requiring increased narcotic
pain medicine for constant aching pain in the right shoulder.

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8/27/2002 DAVID T. DELLAERO, MD

-CONTINUED-

FOLLOW-UP NOTE

It is interfering with sleep. She is here for MRI results. MRI demonstrated significant partial thickness tear bursal side of the right supraspinatus and this is reviewed with her.

CURRENT MEDICATIONS: Celexa; Lortab.

ALLERGIES: 1. PERCOCET
2. NON-STEROIDALS

EXAMINATION: On exam; she has difficulty elevating arm without pain today.

IMPRESSION: 1. Chronic impingement/tendonitis right shoulder and significant partial thickness rotator cuff tear.

DISPOSITION: We discussed the diagnosis, prognosis, and treatment options both surgical as well as conservative. We discussed the risks and potential benefits of right shoulder arthroscopy with arthroscopic acromioplasty and debridement of the rotator cuff. Explained that would recommend incision and repair of the rotator cuff tendon if tear is greater than 50% thickness of the tendon. She states she understands and would want to have this done. Will schedule this for her.

RX TODAY: 1. NORCO TAB 7.5 MG, 100, 0 refills, Sig:1-2 po tid prn pain

Typed by dfg from dictation by David T. Dellaero, MD

cc: Dr. Glenn Withrow

9/03/2002 DAVID T. DELLAERO, MD

PRIOR PATIENT NEW CONDITION

DATE OF INJURY: 05/13/02

MEDICAL/REFERRING PHYSICIAN: Glenn Withrow, M.D.

CHIEF COMPLAINT: Right knee pain and swelling following MVA 05/13/02.

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
Chapel Hill NC 27517 CHART #:6008205

9/03/2002 DAVID T. DELLAERO, MD
PRIOR PATIENT NEW CONDITION

-CONTINUED

HISTORY: 61 Ms. Barnhill reports that she has not worked since 05/13/02, her accident. She has upcoming shoulder surgery in nine days. She reports she has had recurrent right medial knee pain and swelling following injury. She feels she got a direct blow to her flexed knee and there may have been some twisting. Partial giving way. She reports there is locking. Did have bruising initially.

PAST MEDICAL HISTORY: Asthma, previous cortisone injections, previous right wrist fracture, and depression.

SURGERIES: None.

FAMILY HISTORY: Arthritis and diabetes.

CURRENT MEDICATIONS: Celexa 40 mg q hs; Lortab 7.5 mg 3-6 per day; Maxair and/or Albuterol 2 puffs prn.

ALLERGIES: 1. PERCOCET
2. NONSTEROIDALS
3. WALNUTS

SOCIAL HISTORY: Accounting. Single.

TOBACCO/ALCOHOL: Denies tobacco or alcohol use.

REVIEW OF SYSTEMS: Positive joint pain and swelling.
Positive for depression.
Remaining ROS negative.

EXAMINATION: She appears well, in no apparent distress. Alert and oriented. Gait is mildly antalgic on the right. There is asymmetric mild effusion on the right knee. She is tender at the medial joint line and there is mild crepitation, worse with compression medially. There is no straight or rotatory instability. There is no evidence of patellar subluxation. There is no calf tenderness. Homan's sign is negative. Distal motor, vascular and sensory function are intact.

IMPRESSION: 1. Traumatic effusion right knee with medial

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9/03/2002 DAVID T. DELLAERO, MD

-CONTINUED

PRIOR PATIENT NEW CONDITION

joint pain and crepitation at medial meniscus.

DISPOSITION: Will recommend MRI scan for right knee. She reports that she would prefer to do this following her shoulder surgery and I think this is reasonable. Return at preop.

RX TODAY: NO PRESCRIPTION THIS VISIT.

Typed by kmc from dictation by David T. Dellaero, MD

cc: Dr. Withrow

X-RAYS

X-RAYS ORDERED: Three views right knee.

REASON X-RAYS ORDERED: Right knee injury.

INTERPRETATION OF INTERNAL X-RAYS: 61 Demonstrate no fractures, tumors, avulsions or other complicating features and -- this is reviewed with her.

Typed by kmc from dictation by David T. Dellaero, MD

cc: Dr. Withrow

9/09/2002 SAMUEL T. DYER, PA-C

PRE-OP

DATE OF INJURY: 05/13/02

MEDICAL/REFERRING PHYSICIAN: Glenn Withrow, M.D.

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
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9/09/2002 SAMUEL T. DYER, PA-C

-CONTINUEE

PRE-OP

CHIEF COMPLAINT: Right shoulder pain.

HISTORY: 61 Ms. Barnhill is a patient who has history of right shoulder dislocation. She states this occurred in an automobile accident. She also states MRI showed tendon tear. Based on her lack of progress with physical therapy and medications, Dr. Dellaero recommended surgical intervention. She presents today for that preop evaluation.

PAST MEDICAL HISTORY: Previous Cortisone injections, oral steroids, fractures and depression/anxiety. Peptic ulcer, GI bleeding and asthma.

SURGERIES: Arthroscopic surgery to left knee 6/27/02, tonsillectomy in 1963 and two nasal septoplasties in 1982 and 1993.

FAMILY HISTORY: Arthritis, cancer, diabetes and depression.

CURRENT MEDICATIONS: Celexa and Tylenol #3.

ALLERGIES: 1. PERCOCET
2. NON-STEROIDALS

SOCIAL HISTORY: Accounting.

TOBACCO/ALCOHOL: Denies the use of tobacco, alcohol or recreational drugs.

REVIEW OF SYSTEMS: Written documentation of a comprehensive review of systems in the in the Operative Notes section of the chart.

EXAMINATION: Written documentation of a multisystem organ exam is in the Operative Notes section of the chart.

IMPRESSION: 1. Right shoulder rotator cuff impingement/history of shoulder dislocation.

DISPOSITION: Same day surgery 09/12/02 for right shoulder diagnostic and operative arthroscopy with possible open

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9/09/2002

SAMUEL T. DYER, PA-C

-CONTINUED

PRE-OP

incision to repair ligaments and/or tendons by Dr. Dellaero. I discussed the risks and benefits of surgery including risk of bleeding, infection, persistent pain, loss of motion, need for physical therapy, as well as the risks of unforeseen complications such as blood clots and/or complications with anesthesia. She states she understands and elects to proceed. I witnessed her sign the operative consent form. Return following hospital discharge.

RETURN TO WORK STATUS: No written restrictions.

RX TODAY: NO PRESCRIPTION THIS VISIT.

Typed by kmc from dictation by Samuel T. Dyer, PA-C supervised by David T. Dellaero, MD

cc: Dr. Withrow

9/17/2002

SAMUEL T. DYER, PA-C

POST-OP

DATE OF INJURY: 05/13/02

MEDICAL/REFERRING PHYSICIAN: Glenn Withrow, M.D.

CHIEF COMPLAINT: Right shoulder pain.

HISTORY: 61 Ms. Barnhill started her physical therapy. Stopped taking Oxycontin, is currently taking Percocet. Is doing well this early postop.

ALLERGIES: 1. PERCOCET
2. NONSTEROIDALS
3. WALNUTS

EXAMINATION: Alert, oriented and in no apparent distress. Portal incision sites are clean, dry and intact. Distal sensation and circulation are intact.

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
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Chapel Hill NC 27517 CHART #:PT6008205

3/16/2002 ROBIN L. BERNARD-LACY
INITIAL EXAM SHOULDER

DIAGNOSIS: Right acromioplasty scope 9/12/02.

PHYSICIAN: David T. Dellaero, MD

OCCUPATION: Accounting Tech. UNC

RECREATIONAL ACTIVITIES: N/A

CURRENT ACTIVITY LEVEL: Minimal.

PMH/SURGICAL HX: Unremarkable.

DIAGNOSTICS: Surgery.

PAIN RATING - REST 7/10 WORST 9/10.

S: Patient states that she wore sling for the first day and has been out of it for the last 3 days. Patient pointing to pain in shoulder and biceps region.

O: (S3) OBSERVATION: Patient came into clinic without wearing sling.

CERVICAL SCREEN: Not needed.

STRENGTH: Will test at appropriate time.

PALPATION: Increased tenderness around shoulder joint.

ISOMETRIC RESISTANCE: Not tested.

ROM: Active (sitting) Elevation: Not tested.

External rotation: Arm at side: Not tested.
Arm at 90 degrees of abduction:
Not tested.

Internal rotation: Not tested.

Passive (supine) Elevation: 30 degrees.

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9/16/2002 ROBIN L. BERNARD-LACY
INITIAL EXAM SHOULDER

-CONTINUED-

External rotation:

Arm at 90 degrees of abduction:
0 degrees.

Internal rotation: 20 degrees.

SPECIAL TESTS: None performed.

TREATMENT: A description of the treatment, associated risks, benefits, and alternatives were discussed with the patient. Evaluation and initiation of therapeutic exercises for shoulder within protocol and passive range of motion to shoulder.

A: Pt with working dx of right shoulder acromioplasty who presents with decreased range of motion, decreased manual muscle test, increased pain, no independence with home exercise program.

GOALS:

1. ROM of right shoulder flexion to improve to 165, IR/ER to 65 degrees for functional activities.
2. Decrease edema to 0 to allow functional mobility.
3. Pt will demonstrate and verbalize appropriate safety precautions.
4. Pt will resume preillness level of function.
5. Pain will decrease to 0 to allow for improved quality of life and restoration of function.
6. Pt will demonstrate and verbalize increased awareness of appropriate postures and body mechanics during a variety of ADL's.
7. Strength of GH and scapular musculature to improve to 5/5 for functional activities.
8. Pt will be independent with progressive h.e.p.

P: PT 2 x wk for 4 wks for stretching and strengthening and modalities as needed.

ROBIN BERNARD-LACY, PT/ssr

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

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9/16/2002 ROBIN L. BERNARD-LACY
INITIAL EXAM SHOULDER

-CONTINUED-

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9/17/2002 SAMUEL T. DYER, PA-C
POST-OP

-CONTINUED

IMPRESSION: 1. Traumatic effusion right knee with medial joint pain and crepitation at medial meniscus.

DISPOSITION: Sutures removed. Encouraged to be more aggressive with her physical therapy. Follow up 3 weeks with Dr. Dellaero.

RETURN TO WORK: No written restrictions.

RX TODAY: 1. PERCOCET 5/325, 30, 0 refills, Sig:1 tab po q6h prn

Typed by tlw from dictation by Samuel T. Dyer, PA-C for David T. Dellaero, MD

cc: Dr. Withrow

*Pending review by DYER, PAC-C SAMUEL T.

9/19/2002 DAVID T. DELLAERO, MD
PHONE MESSAGE/RESPONSE

Dr. Dellaero spoke with me this morning and asked me to talk with patient about getting evaluated today by Internal Medicine. I spoke directly with Cindy and she was going to call UNC (she has a lot of medical professional friends there) and get an appointment for today. I asked her to call me directly if she had any problem being seen. I later received a phone call from Carolyn Best asking if it was OK to release her medical records so that she could take them with her for her appointment and I authorized this. I also told Cindy that we were going to hold all PT visits until we heard it was all right for her to resume. I relayed this conversation to Dr. Barrie who was oncall last night and had talked to the patient. - lws

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9/19/2002 DAVID T. DELLAERO, MD
PHONE MESSAGE/RESPONSE

-CONTINUED-

Typed by [?] from dictation by [?].

[?]

9/20/2002 DAVID T. DELLAERO, MD
INTERVAL NOTE

After Ms. Barnhill was directed by me on 9/18/02 to go to the closest emergency department for evaluation and rule out DVT. She did prove to have DVT in her right upper extremity. She was not started on anticoagulation at that time. By my recommendation 9/19/02 Ms. Barnhill saw Dr. Lisa Hartman who recommended anticoagulation therapy. She will be taking this for 3 to 6 months by her report. She feels she is doing slightly better. We will see her as scheduled in 5 days.

Typed by tnd from dictation by David T. Dellaero, MD.

9/24/2002 DAVID T. DELLAERO, MD
POST-OP

DATE OF INJURY: May 13, 2002

MEDICAL/REFERRING PHYSICIAN: Glenn Withrow, MD

CHIEF COMPLAINT: Follow-up right shoulder.

HISTORY: 61 Ms. Barnhill reports that she is feeling much better since she has had treatment initiated for right UE DVT. She reports minimal discomfort in the shoulder. She reports that already the right shoulder feels tremendously better than it did preoperatively. She is noting some stiffness in her neck which she does relate to her MVA 5/13/02. She is also

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Chapel Hill NC 27517 CHART #:6003205

9/24/2002 DAVID T. DELLAERO, MD

-CONTINUE

POST-OP

reporting persistent pain in the medial right knee, which she also relates to the injury.

PAST MEDICAL HISTORY: Unchanged.

SURGERIES: Unchanged.

FAMILY HISTORY: Unchanged.

CURRENT MEDICATIONS: Lovenox, Coumadin, Celexa, Vicodin.

ALLERGIES: 1. WALNUTS
2. PERCOCET
3. NON-STEROIDALS

SOCIAL HISTORY: Unchanged.

EXAMINATION: On examination, there is minimal swelling in the right UE. Incision healed from arthroscopy. There is no warmth or erythema. PROM is without discomfort. All heads of the deltoid fire. Elbow ROM is full. Distal motor, vascular, and sensory functions are intact. There is some stiffness about the C-spine. She is very tender at the right knee medial meniscus and there is mild crepitation and there is some limitation at full extension. There is mild effusion. --

On examination, gait is normal. There is no effusion left knee.

IMPRESSION: Right shoulder chronic impingement, labral tearing.
2. Persistent right knee synovitis and tenderness medial meniscus.
3. Neck pain and stiffness.
4. Chondral injury left knee with fibrotic plica synovium.

DISPOSITION: Reviewed at length with her. Will perform PT for her shoulder. She is not requiring any pain medicines for this by her report. Recommend MRI scan of the right knee to rule out medial meniscus tear. Recommend PT for her neck. Return as scheduled.

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9/24/2002 DAVID T. DELLAERO, MD

-CONTINUED-

POST-OP

Note: Ms. Barnhill would also like me to evaluate her left knee and rate it per NC Industrial Commission criteria for permanent partial impairment. She notes some occasional aching and stiffness in the knee. For this she has 10% permanent partial impairment of her left knee. No permanent restrictions for the left knee.

RX TODAY: NO PRESCRIPTION THIS VISIT.

Typed by sbc from dictation by David T. Dellaero, MD

cc: Dr. Withrow

LETTER REGARDING PATIENT

(Msc) LANIER LISA

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #: PT6008205

9/26/2002 FRAN MASSA LPT
INITIAL EXAM CERVICAL

DIAGNOSIS: Neck pain.

PHYSICIAN: David T. Dellaero, MD

OCCUPATION: Accounting tech. @ UNC.

CURRENT ACTIVITY LEVEL: Out of work.

PMH/SURGICAL HX: Asthma, right shoulder acromioplasty 9/12/02,
left knee scope, 6/27/02.

DIAGNOSTICS: None.

PAIN RATING - REST 7/10 WORST 9/10.

S: Patient reports injuring her neck in a motor vehicle accident on 5/13/02 when she was in the parking lot of her home. She states she was pulling in to the parking lot when a neighbor backed out of a parking space at a high rate of speed, striking the drivers and rear door of her 2001 CRV. She states that the impact pushed her into the consol, her right knee struck the console and her neck "snapped" side ways. She states her neighbor was driving a GMC 94 pick up truck. She was seen by Steven Todd, PA, family doctor the same day and was treated conservatively. She states stiffness occurred in the upper extremities, bilateral upper trapezius, neck and she started experiencing weakness in the upper extremities bilaterally. She states her neck pain has continued since the accident and she has stiffness as well as spasms and reports no improvement in general. She states there is sleep disturbance 1 to 2 x's per night with inability to fall back to sleep quickly. Her pain is currently aggravated with riding in the car, sitting at a computer or reading.

O: (53) OBSERVATION: Forward head rounded shoulders.

CERVICAL FLEXIBILITY:

1. Flexion: With chin 4 finger widths from sternal notch with complaint of bilateral neck pain as she points to

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9/26/2002 FRAN MASSA LPT

-CONTINUED-

INITIAL EXAM CERVICAL

the region over the bilateral facet gutters.

Lateral Flexion: Moderately limited.

(L) 15 degrees.

(R) 30 degrees with complaint of

right lateral neck pain during both right and left side bending.

2. Extension: Moderately limited with complaint of right lateral neck pain.

Rotation: (L) 45 degrees.

(R) 45 degrees with complaint of right lateral neck pain during right and left rotation.

SHOULDER ROM: Unable to assess secondary to recent shoulder surgery. Passively, the right shoulder elevates to 105, ER to 45.

NEURO: Light-touch/sharp-dull discrimination intact upper extremities.

Reflexes: 2+ and symmetrical throughout.

MOTOR: Unable to assess secondary to pain and recent shoulder surgery.

PALPATION: Tender over bilateral cervical paraspinals, bilateral thoracic paraspinals from T12 to the C spine as well as C1 through C12 spinous processes.

TREATMENT: A description of the treatment, associated risks, benefits, and alternatives were discussed with the patient. The patient was instructed in a home program of cervical lateral flexion stretch, rotation stretch, rag doll stretch and retraction. The patient states she is "tired" and asked "Can we stop now?", stating that she is not feeling well. The patient was coughing frequently during the exam, stating that her asthma is bothering her at this time.

A: Pt with working dx of neck pain who presents status post motor vehicle accident 5/13/02. Patient has significant

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9/26/2002 FRAN MASSA LPT

-CONTINUED-

INITIAL EXAM CERVICAL

loss of range of motion. Pain level of 7 to 9/10.

GOALS:

1. ROM of C spine to improve to WNL by discharge so patient is able to be independent with drive, able to overhead reach, perform work activities, perform recreational activities, perform household activities, perform community activities, perform functional activities.
2. Pt will resume preillness level of function.
3. Pain will decrease to less than 2/10 by discharge to allow for improved quality of life and restoration of function.
4. Strength of UE's and C spine to improve to WNL by discharge so patient is able to perform work activities, perform recreational activities, perform household activities, perform functional activities.
5. Pt will be independent with progressive HEP.

P: Will follow the patient BIW. Will progress as tolerated.

Fran Massa, PT/ssr

*Electronically signed on 10/16/2002 by MASSA, FRAN

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #:PT6008203

10/02/2002 FRAN MASSA LPT
PROGRESS NOTE

REFERRING PHYSICIAN: David T. Dellaero, MD

S: Patient presents with no new complaints. She states she was unable to come in earlier in the week secondary to illness.

O: (53) The patient tolerated active assisted range of motion exercises, passive range of motion stretching was performed to tolerance to the right shoulder. She tolerated shoulder elevation to 145, ER to 40. She complained of pain at end range. No adverse effects to today's session.

P: Continue to follow patient BIW.

Fran Massa, PT/ssr

*Electronically signed on 10/18/2002 by MASSA, FRAN

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
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10/08/2002

DAVID T. DELLAERO, MD

-CONTINUED-

POST-OP

external rotation with the arm at the side is to 65 degrees. All heads of the deltoid fire. Elbow range of motion is full. Distal motor, vascular and sensory function are intact. There is minimal to no swelling in the forearm. There is no edema in the hand.

IMPRESSION: 1. Right shoulder rotator cuff strain, chronic impingement, labral tearing.
2. Right upper extremity DVT.

DISPOSITION: Reviewed this at length with her. She is going to return as scheduled. At her next appointment, follow up of MRI results of the right knee. She will continue to follow up with Dr. Hartman.

RX TODAY: 1. VICODIN TABS, 50, 0 refills, Sig:1-2 po q6-8h prn pain

Typed by tlw from dictation by David T. Dellaero, MD

cc: Dr. Withrow
Dr. Hartman

10/29/2002

DAVID T. DELLAERO, MD

FOLLOW-UP NOTE

DATE OF INJURY: 5/13/02

MEDICAL PHYSICIAN: Dr. Glenn Withrow

REFERRING PHYSICIAN: Dr. Glenn Withrow

CHIEF COMPLAINT: Follow-up right knee and MRI results.

HISTORY: 61 Ms. Barnhill reports that she has had persistent neck stiffness and no radiation. Shoulder is feeling much better. She has pain in the right knee and would like to get

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #:PT6008205

10/24/2002

FRAN MASSA LPT

PROGRESS NOTE

REFERRING PHYSICIAN: David T. Dellaero, M.D.

S: Patient reports gradual improvement in symptoms. She states her right shoulder is definitely improving with surgery. She reports no problems with her home exercise program exercises and does report compliance.

O: (53) The patient tolerated active assisted range of motion exercises. She was instructed in isometric internal rotation/ER strengthening and spine elongation, all to be added to her home exercise program. She tolerated Theraband scapular adduction and bicep curls also to be added to her home exercise program. Passive range of motion stretching was performed to tolerance. She tolerated shoulder elevation to 155 degrees. ER: To 40 degrees. No adverse effects to today's session.

P: Continue BIW.

Fran Massa, PT/ssr

*Electronically signed on 11/06/2002 by MASSA, FRAN

PATIENT: EARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/53
TEL: 919 942-5726
CHART #:PT6008205

10/25/2002 FRAN MASSA LPT
PROGRESS NOTE

REFERRING PHYSICIAN: David T. Dellaero, M.D.

S: Patient states her neck is "stiff". She complains of bilateral neck and upper trapezius pain as well as "crunching and popping" in her neck with movement.

O: (53) The patients home exercise program was reviewed. She was instructed in cervical range of motion, cervical retraction, rag doll stretch and we added spine elongation. She then tolerated moist heat with TENS to the upper trapezius and cervical paraspinals. No adverse effects to today's session.

P: Continue to follow the patient BIW. Progress as tolerated.

Fran Massa, PT/ssr

*Electronically signed on 11/06/2002 by MASSA, FRAN

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #:6038205

10/29/2002

DAVID T. DELLAERO, MD

-CONTINUED-

FOLLOW-UP NOTE

back to physical therapy bilateral knees.

ALLERGIES: 1. WALNUTS
2. PERCOCET
3. NON-STEROIDALS

EXAMINATION: On examination, gait is normal. She has near full range of motion of the right shoulder.

INTERPRETATION OF OUTSIDE X-RAY: MRI demonstrated some mild articular cartilage irregularity posterolateral femoral condyle where she was not having discomfort. There were no medial abnormalities. No evidence of "internal derangement".

IMPRESSION: 1. Mild synovitis right knee. 2. Impingement right shoulder.

DISPOSITION: Recommend continue physical therapy for her neck and shoulder and we will add physical therapy for her knees. We will try some additional modalities for her neck. Return 6 weeks.

RX TODAY: NO PRESCRIPTION THIS VISIT.

Typed by tnd from dictation by David T. Dellaero, M.D.

cc: Dr. Withrow

11/05/2002

DAVID T. DELLAERO, MD

PRIOR PATIENT NEW CONDITION

DATE OF INJURY: 5/13/02

MEDICAL PHYSICIAN: Lisa Hartman, M.D.

CHIEF COMPLAINT: Left knee pain requesting injection.

HISTORY: 61 Ms. Barnhill reports she has noted pain and

PROGRESS NOTE:

Cynthia Barnhill
PT6008205
11.01.02

RF: ETP

S: FMS.

O: The patient tolerated physioball ROM stretching, wall pulley, table slides, supine wand elevation, supine ER stretching. She tolerated isometric IR/ER strengthening, spine elongation followed by PROM stretching with PT. She tolerated Theraband scapular adduction and bicep curls. NAD.

P: Continue to progress as tolerated.

Fm/ssr

CANCEL/NO SHOW

Cynthia Barnhill, PT6008205

Cxld

Fm/ssr

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #:PT6008205

11/04/2002 FRAN MASSA LPT
PROGRESS NOTE

REFERRING PHYSICIAN: David T. Dellaerc, M.D.

S: Patient presents with no new complaints. Reports no problems with home exercises.

O: (53) The patient tolerated active assisted range of motion exercises and general strengthening below shoulder level. She tolerated scapular adduction, shoulder extension, bicep curl strengthening and internal rotation/ER strengthening. Passive range of motion stretching was performed to tolerance. No adverse effects to today's session.

P: Will increase Theraband resistance next session.

Fran Massa, PT/ser

*Electronically signed on 11/26/2002 by MASSA, FRAN

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #: 6008205

11/05/2002 DAVID T. DELLAERO, MD

-CONTINUED-

PRIOR PATIENT NEW CONDITION

swelling in the left knee. She'd like to have an injection. She notes stiffness in her neck despite traction and therapy. Shoulder is improved. Right knee causing discomfort and she feels like she may like an injection in that in the future.

PAST MEDICAL HISTORY: Asthma, right arm blood clot, previous Cortisone injection, previous oral steroids, previous fractures, depression/anxiety, peptic ulcer disease and GI bleeding.

SURGERIES: Arthroscope left shoulder.

FAMILY HISTORY: Arthritis, diabetes, hypertension.

CURRENT MEDICATIONS: Celexa 40 mg., Warfarin 7.5/5 mg.

ALLERGIES: 1. WALNUTS
2. PERCOCET
3. NON-STEROIDALS

SOCIAL HISTORY: Accounting, single,

TOBACCO/ALCOHOL: Negative.

REVIEW OF SYSTEMS: Positive for asthma, joint pain/swelling, DVT diagnosed on 9/19/02.

EXAMINATION: She appears in no apparent distress. Gait is normal. There is minimal effusion left knee, none in the right. She is tender at both joint lines greater medial and medial femoral condyle on the left. Right is mildly tender at the medial joint line and pes anserine bursa. Right shoulder active forward elevation is to 165 degrees. External rotation with arm at the side is to 60 degrees. There is no swelling in the right forearm or hand. Cervical spine demonstrates global stiffness certainly much worse than previously.

IMPRESSION: 1. Left knee synovitis. 2. Right knee pain. 3. Right shoulder impingement. 4. Neck pain which, I explained to her, I cannot determine the reason that it is worse now this far from her motor vehicle accident.

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
Chapel Hill NC 27517 CHART #:6008205

11/05/2002 DAVID T. DELLAERO, MD
PRIOR PATIENT NEW CONDITION

-CONTINUED-

DISPOSITION: Reviewed this at length with her. Recommend discontinue traction, recommend activities as tolerated right shoulder. She would like to proceed with injection in her left knee. Procedure: after sterile prep with Betadine using sterile technique, she is given 3 cc's 1/2% Marcaine plain, 3 cc's 1% Xylocaine plain, and 40 mg. Kenalog into the left knee. Return six weeks.

RX TODAY: 1. VIOXX 12.5, 40, 1 refills, Sig:1 PO QD WITH FOOD PRN PAIN

Typed by per from dictation by David T. Dellaero, M.D.

cc: Dr. Hartman

11/18/2002 FRAN MASSA LPT
PROGRESS NOTE

REFERRING PHYSICIAN: David T. Dellaero, M.D.

S: Patient presents with no new complaints.

O: (53) Patient tolerated ultrasound followed by iontophoresis with Dexamethasone to the right knee. No adverse effects to today's session.

P: Continue BIW. The patient was instructed in straight leg raising and short arc quads to be added to her home exercise program.

Fran Massa, PT/ssr

*Electronically signed on 11/26/2002 by MASSA, FRAN

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #:PT6C08205

11/07/2002
PROGRESS NOTE

FRAN MASSA LPT

REFERRING PHYSICIAN: David T. Dellaero, M.D.

S: Patient reports bilateral neck pain, upper trapezius pain.

O: (S3) The patient tolerated moist heat with TENS to the upper trapezius and neck. She was unable to tolerate any soft tissue work secondary to exquisite tenderness over the bilateral upper trapezius and neck. She declines cervical tracks and stated that this made her more uncomfortable after the last treatment session.

P: Will continue to follow the patient 1 to 2 x's weekly for cervical pain. Will progress as tolerated.

Fran Massa, PT/ser

*Electronically signed on 11/12/2002 by MASSA, FRAN

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
Chapel Hill NC 27517 CHART #:6008205

11/18/2002 JACK J. HALPIN, PA-C
PRIOR PATIENT NEW CONDITION

DATE OF INJURY: 5-13-02

MEDICAL PHYSICIAN: Chapel Hill Internal Medicine

CHIEF COMPLAINT: Cervical discomfort and upper thoracic discomfort.

HISTORY: 201 Patient has had PT due to recent MVA 5-13-02. She has a follow-up appointment with Dr. Dellaerc in the morning, however she is having spasm in the neck and wants something done at this time. Patient states the neck has never been x-rayed.

PAST MEDICAL HISTORY: Asthma, blood clot in right arm, previous Cortisone injections, previous oral steroids, previous fractures, and depression/anxiety. Peptic ulcer disease and GI bleeding.

SURGERIES: Arthroscopic left shoulder surgery.

FAMILY HISTORY: Arthritis, diabetes, and hypertension.

CURRENT MEDICATIONS: Celexa, Warfarin, Flexeril, and Vicodin.

ALLERGIES: 1. WALNUTS
2. PERCOCET
3. NON-STEROIDALS

SOCIAL HISTORY: She works in accounting. Single.

TOBACCO/ALCOHOL: Does not smoke.

REVIEW OF SYSTEMS: Positive for bleed easily and bruise easily.

EXAMINATION: This is a 44 year old white female well nourished and well hydrated. Alert and oriented times 4. Cranial nerves 2 through 11 grossly intact. C-spine she has full range of the C-spine but does complain of some discomfort over the left sternocleidomastoid region and several trigger points

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #:6008205

11/18/2002 JACK J. HALPIN, PA-C
PRIOR PATIENT NEW CONDITION

-CONTINUED-

over the left trapezius region. DTRS +2. Strength is 5/5.

IMPRESSION: 1. Cervical spasm.

DISPOSITION: Patient is taking Flexeril 10 mg one at bedtime.
Patient advised to take 1 BID. She will follow with Dr.
Dellaero in the morning.

RX TODAY: NO PRESCRIPTION THIS VISIT.

Typed by and from dictation by Jack Halpin, PA-C on patient of
David T. Dellaero, M.D. supervised by Richard F. Bruch, MD

cc: Chapel Hill Internal Medicine

*Pending review by HALPIN, PA-C, JACK

X-RAYS

X-RAYS ORDERED: C-spine 4 views.

INTERPRETATION OF INTERNAL X-RAYS: 201 Shows no acute fracture
or dislocation. There is some cervical straightening.

Typed by and from dictation by Jack Halpin, PA-C on patient of
David T. Dellaero, M.D. supervised by Richard F. Bruch, MD

cc: Chapel Hill Internal Medicine

*Pending review by HALPIN, PA-C, JACK

11/19/2002 DAVID T. DELLAERO, MD
DID NOT KEEP APPOINTMENT

Cancelled her appointment. Rescheduled.

PATIENT: BARNHILL, CYNTHIA D.
1745 Legion RD
Chapel Hill NC 27517

DOB: 10/15/58
TEL: 919 942-5726
CHART #:6008205

11/19/2002 DAVID T. DELLAERO, MD

-CONTINUED-

DID NOT KEEP APPOINTMENT

Typed by kmc from dictation by David T. Dellaero, M.D.

PATIENT: BARNHILL, CYNTHIA D. DOB: 10/15/58
1745 Legion RD TEL: 919 942-5726
Chapel Hill NC 27517 CHART #:PT6008205

11/20/2002 FRAN MASSA LPT
PROGRESS NOTE

REFERRING PHYSICIAN: David T. Dellaero, M.D.

S: Patient reports her right knee is doing better. She reports continued bilateral neck pain greater on the left, also involving the left upper trapezius.

O: (53) The patient tolerated moist heat with TENS to the left upper trapezius and neck as well as ultrasound to the right inferior and medial knee followed by iontophoresis with Dexamethasone to the right inferior knee. She then tolerated short arc quads, straight leg raising and supine hip lift. She tolerated cervical isometrics. I reviewed her home exercise program. The patient was unable to remember her home exercise program except straight leg raises. She was unable to reproduce without verbal cuing. She states she has been given so many home exercises, she was having a lot of difficulty remembering them. The patient was given verbal cues through her home exercise program.

P: Continue to follow the patient BIW. Progress as tolerated.

Fran Massa, PT/ssr

*Electronically signed on 11/26/2002 by MASSA, FRAN

PATIENT: Cynthia Barnhill
1745 Legion Rd
Chapel Hill NC 27517

DOB: 10/15/1958
TEL: Phone: (919)942-5726
CHART#: 001006008205

12/31/2002 12:00 AM

David T. Dellaero MD

ORTHOPAEDIC NOTE

DATE OF INJURY: 5/13/02

MEDICAL PHYSICIAN: Dr. Glenn Withrow

REFERRING PHYSICIAN: Dr. Glenn Withrow

CHIEF COMPLAINT: Recurrent neck pain and stiffness.

HISTORY: Ms. Barnhill reports that since her MVA 5/13/02 she has had recurrent pain and stiffness in the neck. She has done therapy for this in the past. Despite some initial incremental improvement, she has had persistent and now recurrence of worsening stiffness and pain in the neck with pain in the left arm with numbness and tingling into the left hand. She has had persistent recurrent occipital headache. CT scan of the head which she reported was obtained by Dr. Glenn Withrow was negative by her report.

CURRENT MEDICATIONS: Celexa, Flexeril, Vicodin and Coumadin.

EXAMINATION: On examination she appears well and in no apparent distress. Gait is normal. Cervical spine demonstrates some mild spasm dorsally. Active ROM is limited. She has full ROM of bilateral shoulders. There is no weakness in bilateral upper extremities. Reflexes are 2+ and symmetric.

IMPRESSION: Recurrent neck pain and stiffness with radiation left upper extremity and numbness and tingling refractory to time and initial course of physical therapy.

DISPOSITION: I recommend we obtain MRI of her cervical spine rather than restarting therapy at this time. Return following test.

Typed by tlw from dictation by David T. Dellaero, M.D.

cc: Dr. Withrow

Allergies

<u>Provider Id</u>	<u>Start Date</u>	<u>Brand Name</u>	<u>Dose</u>	<u>Rx Quantity</u>	<u>Rx Refills</u>	<u>Sig Desc</u>
5	01/14/2003	Flexeril	10mg	60	0	1 po qd to bid prn spasm
5	01/14/2003	Vicodin	5-500mg	50	0	1-2 po qd prn pain

PATIENT: Cynthia Barnhill
1745 Legion Rd
Chapel Hill NC 27517

DOB: 10/15/1958
TEL: Phone: (919)942-5726
CHART#: 001006008205

01/16/2003 09:00 AM

Atul L. Bhat MD
ORTHOPAEDIC NOTE

DATE OF INJURY: 5/13/02

MEDICAL PHYSICIAN: Dr. Lisa Hartman

REFERRING PHYSICIAN: David T. Dellaero, M.D.

HISTORY: Ms. Barnhill is a pleasant 44-year old right hand dominant female who has been referred to the office today for consultation by Dr. Dellaero. Seen because of primary complaint of neck pain with associated headache. She also has a secondary complaint of a sensation of weakness in both her upper extremities as well as her complaint of paresthesias involving her left hand.

Ms. Barnhill indicates that she was involved in a MVA on 5/13/02. She was a restrained driver and sustained a side impact from the drivers side of her car. She denies any loss of consciousness following this event. She sought care from her primary care physicians office shortly there after. She begin experiencing her symptoms of neck pain as well as headaches a few days following this injury. She also injured her bilateral shoulder at the time of this injury and has undergone right shoulder arthroscopy with Dr. Dellaero at the North Carolina Specialty Hospital on 9/12/02.

Currently Ms. Barnhill experiences her neck symptoms which are located entirely in the posterior cervical spine. She rates the symptoms as 6/10 on the Visual Analog Scale and describes the sensation as aching and throbbing sensation. There are no specific aggravating or relieving factors identified for these symptoms.

The headaches that Ms. Barnhill experiences are located essentially behind her bilateral ears and radiate upwards posteriorly into the occiput. She denies any retro ocular radiation of her pain or any nausea, vomiting associated with these headaches. She states that her headaches usually occur only after the neck symptoms are typically intensified and can last for a few hours and rarely for a few days. Her symptoms in the posterior neck as well as retro rural region are described as sharp and she rates them as 8-9/10 on the Visual Analog Scale. She has also undergone a CT scan of her head in 11/02 and was told that this was essentially normal.

Her secondary complaint of sensation of weakness in both upper extremities is a generalized feeling without any specific aggravating or relieving factors. Her paresthesias which she experiences in her left hand are predominantly located along the volar aspect of her left index finger, middle finger, ring finger and little finger. She can sometimes wake up at night with these paresthesias and tries to alleviate them by shaking of her hand.

PRIOR STUDIES: X-ray, MRI of the cervical spine, CT scan of the head.

PRIOR TREATMENTS: Physical therapy, TENS unit

PAST MEDICAL HISTORY: Asthma, peptic ulcer disease.

SURGERIES: Tonsillectomy, nasal septoplasty, left knee arthroscopy by Dr. Dellaero on 6/27/02. Right shoulder arthroscopy by Dr. Dellaero on 9/12/02.

FAMILY HISTORY: Positive for arthritis in mother, coronary artery disease in grandmother and brother, hypertension, diabetes predominantly in paternal family and mental illness.

CURRENT MEDICATIONS: Albuterol, Flovent, Loka pro, Flexeril, Vicodin as needed, Coumadin. She is on Coumadin secondary to deep vein thrombosis in her right upper extremity following the right shoulder surgery.

SOCIAL HISTORY: Ms. Barnhill is single and lives with her companion. Currently she is off work. She last worked in 4/02. She used to work in the accounting department at UNC and however has been off work secondary to an injury sustained after an accidental fall at work on 3/5/02.

TOBACCO/ALCOHOL: Denies any alcohol, smoking or drugs.

REVIEW OF SYSTEMS: Negative for any new GI, GU, neurologic, HEENT, endocrine, lymphatic, constitutional, or psychological complaints. Continues to experience her base line symptomatology of neck pain, headaches, and sensation weakness in bilateral upper extremities, bilateral shoulder pain and paresthesias in her left hand. Has occasional blurred vision, difficulty chewing, cough and joint stiffness.

EXAMINATION: Ms. Barnhill is alert and oriented person, who stands at the height of 59, weighs 195 pounds, pulse 83, BP 143/105, respiration 16. She is an alert and pleasant person and appears to be in mild distress on this office visit. There is a well healed scar from arthroscopy surgery along the right shoulder as well as the left knee. There was no spinal tenderness. There was no lymphadenopathy. There is no evidence of skin breakdown. Girth is symmetric on both upper and lower extremities including radial, ulnar, posterior tibial and dorsalis pedis. Capillary filling was normal.

ROM of the cervical spine was such that forward flexion was 40 degrees, extension was 30 degrees, and side bending was 20 degrees each. Left rotation at 30 degrees and left side bending at 20 degrees recreated right cervical paraspinal pain. Spurlings, root tension signs, Tinel's and Allen's maneuvers were negative. However Tinel's was positive on the left at 40 seconds. ROM was limited in the right shoulder with abduction being 90 degrees and forward flexion being 90 degrees as well.

ROM was within normal limits in the upper spine. Nerve root tension signs and provocative maneuvers of sacroiliac joint syndrome and lumbar discogenic provocative maneuvers were negative. Muscle stretch reflexes revealed 2+ and symmetric in both upper and lower extremities. Babinski, clonus and Hoffman was negative. Sensory exam was intact to pinprick, light touch, and proprioception including the upper cervical dermatomal. There was no peripheral nerve sensory abnormalities.

Manual motor testing revealed 5/5 strength. Tenderness to palpation was noted bilaterally at the C2-3, and C3-4. However none of these maneuvers recreated any headaches.

X-RAY INTERPRETATION: I have no MRI films at this time for review. However, report states that MRI of the left cervical spine shows there is mild left neuro foraminal narrowing at C7-T1 due to disc osteophyte complex. There is mild disc osteophyte at C5-6.

IMPRESSION: I have indicated to Ms. Barnhill that she could be experiencing her symptomatology of neck pain as well as headaches from upper cervical internal disc disruption syndrome versus cervical zygapophyseal mediated pain. The cervical zygapophyscal joint could be involving C2-3, C3-4, C1-2 in that order. Sensation of weakness in bilateral upper extremities could be a result of myofascial dysfunction versus bilateral shoulder. Left hand paresthesias could be secondary to C8 radiculopathy versus compression of the median nerve at the distal wrist.

DISPOSITION: I have discussed with Ms. Barnhill the options that include diagnostic versus therapeutic cervical zygapophyseal joint injections as well as cervical transforaminal injections. In view of the fact that her neck symptoms as well as headaches are bilateral, I would like to address this as a possible cervical discogenic mediated symptomatology. I would address this by performing C5 transforaminal ESI. If these fail to relieve her symptomatology, then I would

like to pursue addressing her symptoms by performing diagnostic and therapeutic facet joint injections beginning with C2-3, C3-4 and C1-2. Once her neck symptoms and headaches have been addressed, she may need an electrodiagnostic evaluation to further assess her left hand symptomatology. She will also need to be off Coumadin and we would need to monitor her INR. I have asked her to discuss this with Dr. Hartman and she will give me a call with Dr. Hartman's input. I have told her that I would be happy to discuss this with Dr. Hartman if she wishes so.

Typed by tlw from dictation by Atul L. Bhat, M.D.

cc: Dr. Hartman

Allergies

- * Aspirin
- * NSAID's

Medications

<u>Provider Id</u>	<u>Start Date</u>	<u>Brand Name</u>	<u>Dose</u>	<u>Rx Quantity</u>	<u>Rx Refills</u>	<u>Sig Desc</u>
5	01/14/2003	Flexeril	10mg	60	0	1 po qd to bid prn spasm
5	01/14/2003	Vicodin	5-500mg	50	0	1-2 po qd prn pain

Barnhill, Cynthia D

Sex:F

BD:10/15/1958

MR#:239158492

PT#:4657633

SHOULDER ARTHROGRAM S&I

Aug 19, 2002 15:15

EXAMINATION: 8054 - SHOULDER ARTHROGRAM S\T\I - RIGHT Aug 19 2002 3:15PM

REASON: RT. SHOULDER DISLOCATION PAIN

73040 1508054

RESULT: Procedure: Right Shoulder Arthrogram

Clinical History: 43 year old status post MVA with right shoulder dislocation. Patient now with pain and weakness in the right shoulder. Patient referred for right shoulder MR arthrogram.

Technique: Informed, witnessed consent obtained prior to the procedure. Risks and benefits of the procedure were discussed with the patient. Patient expressed an understanding of the intended procedure and agreed to proceed as planned.

Fluoroscopy was used to mark the skin site overlying the inferior aspect of the right humeral head. The area of the right shoulder was prepared and draped in the usual fashion. Aseptic technique was observed. 1% Lidocaine was used as a local anesthetic. Using fluoroscopy guidance, a 22 gauge spinal needle was inserted into the right glenohumeral joint. A small amount of Omnipaque 240 was injected to confirm position. Subsequently, approximately 10 ml of Magnevist/normal saline solution (0.06 ml of Magnevist diluted in 20 ml of normal saline) was injected into the right glenohumeral joint. After the Magnevist/normal saline solution was injected, the 22 gauge spinal needle was removed. Patient tolerated the procedure well with no immediate complications noted. Patient was referred to MRI for further imaging.

IMPRESSION: Fluoroscopic guidance used to place contrast media in right glenohumeral joint prior to MRI study.

BUNDLE: <BUNDLE_DOC>

Read By: RANDY CRUELL M.D.

Transcribed By: PSC

Electronically Signed By: RANDY CRUELL M.D.

Barnhill, Cynthia D

Sex:F

BD:10/15/1958

MR#:239158492

PT#:4557638

UPPER EXTREMITY JOINT

Aug 19, 2002 16:05

***** ADDENDUM *****

EXAMINATION: 9453 - MRI UPPER EXT JOINT W/O CONTRAST - RIGHT Aug 19
2002 4:05PM

REASON: RT. SHOULDER DISC LOCATION,
73221 1489453

RESULT:

*** VOICE TO TEXT RESULT ADDENDUM ***

Addendum: Coronal T2 weighted images 8-10 reveal intrasubstance increased signal through the anterior fibers of the supraspinatus tendon near its insertion with fraying of the bursal fibers, consistent with high grade partial tear of bursal fibers vs. supraspinatus tendinopathy. Correlation with history is suggested.

*** END OF ADDENDUM ***

RESULT: Exam: Right shoulder MRI.

Indication: Status post MVA March 2,002. Now complaining of trouble lifting of right, weakness in the right arm.

Technique: Images of the right shoulder were obtained in multiple planes using several pulse sequences.

Contrast dose: 10 cc Intra-articular dilute gadolinium, one in 200 part with normal saline.

Comparison: None.

Findings:

The tendons of the outer cuff are intact. There is no evidence for contrast extravasation in the subacromial/subdeltoid bursa to suggest full-thickness tear. The glenoid labrum is intact. The biceps and biceps anchor are intact. The acromion process has type II morphology. Minor osteophyte is present at the undersurface of the acromion with subjacent minor subdeltoid bursa fluid, suspicious for impingement.

IMPRESSION:

1. No evidence for rotator cuff tear or labral injury.
2. Minor osteophyte at the undersurface of the acromion with tiny subdeltoid bursal fluid, suspicious for impingement syndrome, which is a clinical diagnosis.

BUNDLE: <BUNDLE_DOC>

Read By: HEMANG JAYENDRA PATHAK M.D.

Transcribed By: PSC

Electronically Signed By: JAMES LESTER M.D.

OCT 22 2002

BARNHILL, Cynthia
MR#: 3295

Date of Surgery: 09/12/02
Page 1 of 2

North Carolina Specialty Hospital
OPERATIVE REPORT

Preoperative Diagnosis: Right shoulder partial-thickness rotator cuff tear and chronic impingement.

Postoperative Diagnosis: Right shoulder partial-thickness rotator cuff tear and chronic impingement.

Procedure: # 1- Diagnostic and operative arthroscopy right shoulder with arthroscopic acromioplasty.
#2 - Debridement glenohumeral joint, extensive.

Surgeon: David T. Dellaero, M.D.

Assistant: Sam Dyer, P.A.-C.

Anesthesia: Interscalene block.

Estimated Blood Loss: Minimal.

Drains: None.

Specimen: None.

Complications: None.

Condition: Stable to recovery room.

Indications for Procedure: This is a 43-year-old right-hand-dominant female who injured her shoulder in an accident several months ago. She has had worsening, constant pain in the right shoulder, interfering with sleep, pain with elevation, and impingement signs, type II acromion. MRI was consistent with partial-thickness tearing of the rotator cuff bursal surface.

The risks and potential benefits of the procedure were discussed at length with the patient as well as alternative conservative treatment options and their prognoses. She desired to proceed with surgery.

Procedure in Detail: After informed consent was obtained and following prophylactic antibiotics, Ms. Barnhill was taken to the operating room and transferred to the operating room table following interscalene block anesthesia. She was placed in the beach-chair position. All bony prominences padded, head and neck in neutral position.

Examination under anesthesia demonstrated no instability and no stiffness. The right upper extremity was prepped from the neck to the wrist in a sterile manner and a sterile field was created. Portal sites and subacromial space were injected with 20cc of 1% Xylocaine with Epinephrine. Posterolateral portal was created with the #15 blade. The blunt obturator and arthroscopic sheath were gently introduced into the glenohumeral joint. Anterosuperior portal was created under direct vision superior and lateral to the coracoid.

Examination of the glenohumeral joint: There was partial-thickness tearing of the anterior supraspinatus. This did not appear to be near 50% thickness of the tendon. The articular surfaces were normal. The biceps anchor, tendon, and pulley were normal. The intra-articular subscapularis was intact. There was no significant

BARNHILL, Cynthia
MR#: 3295

Date of Surgery: 09/12/02
Page 2 of 2

labral abnormality. All glenohumeral ligaments were well-attached and the labrum well-attached to the glenoid.

Glenohumeral joint debridement, extensive: Partial-thickness tear was extensively debrided to healthy tissue. Further probing demonstrated that it was < 25% thickness of the tendon.

The scope was then placed in the subacromial space.

Arthroscopic acromioplasty: There was extensive thickened scarred bursa and this was removed with a shaver. There was fraying at the coracoacromial ligament. The ligament was resected with the shaver and Arthrocare wand. The rotator cuff was extensively probed and there was no evidence of significant bursal-side tearing nor focal thinning upon probing.

Soft tissue was removed from the anterior acromion and anterior acromioplasty was performed with a 6.0 sheathed bur from the lateral and posterior subacromial portals.

The subacromial space was irrigated. Hemostasis was obtained. Pain-buster was placed under direct vision. Portals were reapproximated with nonabsorbable suture. Dry sterile dressing, axillary pad, and sling were applied.

Ms. Barnhill was then gently assisted to the hospital bed and to the recovery area in stable condition. There were no obvious intraoperative complications.

Immediate Postoperative Plan: The patient was discharged home in stable condition. Regular diet. Dressing instructions and Pain-buster removal discussed with patient.

Discharge Medications: OxyContin 20mg, one p.o. q12h, #10. Percocet 5/325, one to two p.o. q4-6h p.r.n. pain, #50. Phenergan 25mg, #15, one p.o. q6h p.r.n. nausea.

Follow-up: She will return to the office in approximately four days to initiate physical therapy and follow up appointment.



David T. Dellaero, M.D.

9/23/02
DTD/ekm

Date received: 09/13/02

Date transcribed: 09/17/02

**NC SPECIALTY HOSPITAL, LLC
PREOPERATIVE ASSESSMENT AND HISTORY**

MR # _____

Please complete this form and bring it with you for the preoperative interview. If you are not sure about an answer, you may leave it blank and discuss it with one of our medical staff members.

Name: Cynthia Diane Barnhill Surgery Date: 09/12/2002 Surgeon: Dellaero
Primary Care Physician: _____ Surgery To Be Done: Right Shoulder Scope
Diet: Regular Problems with Chewing or Swallowing? No

Any Allergic / Unusual Reactions to Medications, Foods, Tape, Latex, Iodine or Betadine? Yes ☒ No ☐

Describe: FOODS - WALNUTS; MEDICATIONS - PERCOCET & NSAIDS

List All Medications You Take (Prescription and Nonprescription)

Medicine	Dose	Times a Day	Medicine	Dose	Times a Day
Lortab	7.5	3-5 x			
Celera	40mg	1 at Bedtime			

List All Operations or Hospitalizations	Date	Type of Anesthesia (general; local; spinal, epidural, unknown)
<u>(C) Knee Arthroscopy</u>	<u>06/27/2002</u>	<u>Unknown - (Records at NCSH)</u>
<u>Nasal Septoplasty</u>	<u>1992/1993</u>	<u>General</u>
<u>Breast Biopsy</u>	<u>1986</u>	<u>General</u>
<u>Tonsillectomy</u>	<u>1961</u>	<u>General</u>

Have you ever had problems or complications from anesthesia? Yes ☐ No ☒ Describe: _____

Has anyone related to you had a high fever, breathing problems, or other problems with anesthesia? Yes ☐ No ☒

Do any of your relatives have a history of bleeding disorders, muscle disease, or trouble with anesthesia? Yes ☐ No ☒

Can you lie flat in bed? Yes ☒ No ☐

Do you need to sleep on more than one pillow? Yes ☐ No ☒

Do you use or have any of the following?

TOBACCO? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If cigarettes, how many packs a day? _____
For how many years? _____
If you used to smoke, when did you quit? _____
How old were you when you started smoking? _____
Does anyone else in the house smoke? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ALCOHOL? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, how many drinks per day/week/month/year? _____
RECREATIONAL DRUGS (marijuana, cocaine, etc.)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
REMOVABLE DENTURES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, partial or full sets? _____

PERMANENT CAPS / CROWNS / BRIDGES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 (C) 1ST & 2ND MOLARS; (D) 1ST BR. MOLAR; (E) UPPER 4 MOLARS
LOOSE TEETH? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
HEARING AID? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EYEGLASSES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CONTACT LENSES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
WALKER / CANE / CRUTCH / WHEELCHAIR? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
OTHER PROSTHESES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Have you or your child been exposed to measles, mumps, or chickenpox within the last 3 weeks? Yes ☐ No ☒

Have you ever been advised to take antibiotics before having dental work or surgery? Yes ☐ No ☒

Do you have any religious restrictions to your health care? Yes ☐ No ☒

How physically active are you? ☐ Very Active ☒ Somewhat Active ☐ Not Very Active
(No Restrictions) (Able to Walk Up Stairs) (Unable to Walk Up Stairs)

Who will bring you or your child here the day of surgery? Deedra A. Donley Phone # (919) 942-5726

PAST MEDICAL HISTORY & SYSTEM REVIEW

MR# _____

DO YOU NOW HAVE OR HAVE YOU EVER HAD THE FOLLOWING:

CARDIOVASCULAR	YES	NO
1. High or Low Blood Pressure	✓	
2. Angina / Chest Pain		✓
3. Heart Attack		✓
4. Irregular Heartbeat		✓
5. Heart Murmur		✓
6. Congestive Heart Failure		✓
7. Mitral Valve Prolapse		✓
8. Peripheral Vascular Disease / Poor Circulation		✓
9. Waking Up At Night Short of Breath		✓

PULMONARY	YES	NO
1. Asthma	✓	
2. Pneumonia or Acute Bronchitis (2000)	✓	
3. Chronic Bronchitis or Emphysema		✓
4. Shortness of Breath		✓
5. Tuberculosis		✓
6. Cold or Fever at Present or Within the Past 6 Weeks		✓

NEUROLOGICAL	YES	NO
1. Migraine Headaches		✓
2. Seizure		✓
3. Fainting Spells		✓
4. Stroke or Mini Strokes		✓
5. Psychiatric Condition (Depression)	✓	
6. Claustrophobia		✓
7. Panic Attacks		✓

GASTROINTESTINAL	YES	NO
1. Hepatitis/Jaundice		✓
2. Hiatal Hernia, Frequent Heartburn, or Indigestion		✓
3. Peptic Ulcers / 1986 after taking NSAIDS	✓	

RENAL	YES	NO
1. Kidney Failure or Dialysis		✓
2. Other Kidney Disease		✓

ENDOCRINE	YES	NO
1. Diabetes		✓
2. Thyroid Disease		✓
3. Pregnancy (Current)		✓
Date of Last Menstrual Period 08/14/2002		

HEMATOLOGICAL	YES	NO
1. Anemia		✓
2. Sickle Cell Disease or Trait		✓
3. Excessive Bleeding Problems		✓
4. HIV / AIDS		✓
5. Blood Transfusion		✓
6. Cancer		✓

MUSCULOSKELETAL	YES	NO
1. Arthritis of Neck or Jaw		✓
2. Muscular Dystrophy		✓
3. Low Back Pain		✓

HEENT	YES	NO
1. Glaucoma		✓
2. Hearing Loss		✓
3. Vision Loss		✓

OTHER MEDICAL PROBLEMS OR SERIOUS ILLNESSES NOT PREVIOUSLY MENTIONED
TMJ problems bilaterally (related to accident 05/13/2002)

Signature of Person Completing Form: Cynthia Anne Ball Date: 08/27/2002

Relationship to Patient: PATIENT

DO NOT WRITE BELOW THIS POINT. THANK YOU FOR PROVIDING THIS INFORMATION.

HT	WT	BP	HR	RR	T
----	----	----	----	----	---

Mental Status / General Appearance: _____

Signature of Individual Reviewing Form: _____ Date: _____

NAME: BARNHILL, CYNTHIA D
ACT#: 3295 SS#: 239158492
DOB: 10/15/58 AGE: 43 SEX: F
DR: DELLAERO, DAVID T MD
DOS: 09/12/02

PECIALTY HOSPITAL, LLC

Short Stay Physical Exam

Chief Complaint/Present Illness: Cynthia Barnhill Age: 43 History #:
right shoulder pain since injury
PT injection 7 sig. long-term relief.

ALLERGY: NSAIDs, wheat

Vital Signs: T. P. R. B/P HT. WT. Physician D. Dellaero

General Appearance: unremarkable

HEENT: (☒) Within Normal Limits OK, 4T, 2/12/02
() Other

Cardiac: (☒) Within Normal Limits RRR. No M/R/C. S1 S2 P.
() Other

Pulmonary: (☒) Within Normal Limits OK
() Other

Abdomen: (☒) Within Normal Limits Soft NT, ND, B: P.
() Other

Neuro: (☒) Within Normal Limits
() Other

Other Pertinent Observations: Right 2+ Diapir 1/
Wrist 1/ PR 1/
Alveoli (-) Triceps 1/

Provisional Diagnosis:

(R) RTC injury

Planned Treatment:

(R) shoulder with 1000mg, poss. open RT or

Physical Exam Completed By: [Signature] Date: 9/12/02

Attending Physician Signature: [Signature] Date: 9/12/02

SURGICAL/INVASIVE PROCEDURE NURSING RECORD - PROCEDURE

NAME: BARNHILL, CYNTHIA D
ACT#: 3295 SS#: 239159492
DOB: 10/15/58 AGE: 43 SEX: F
DR: DELLAERO, DAVID T MD
DOS: 09/12/02

Time <u>1200</u>		Pre-Op Vital Signs: <u>94/55</u> <u>98/60</u> <u>98/60</u> SaO2 <u>98%</u> Glucose (If applicable) _____			
<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair Assistance					
RESPIRATORY <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Unlabored <input type="checkbox"/> Clear (Bilaterally) <input type="checkbox"/> Moderately Deep <input type="checkbox"/> Irregular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored <input type="checkbox"/> Congested <input type="checkbox"/> O2 <u>100</u> bpm <input type="checkbox"/> Other _____		LOC/NEURO <input type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented x <u>3</u> <input type="checkbox"/> Extremity Strength <input type="checkbox"/> Deficit _____ <input type="checkbox"/> Disoriented PSYCHOLOGICAL <input checked="" type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Fearful <input type="checkbox"/> Confused <input type="checkbox"/> Hostile <input type="checkbox"/> Other _____			
SPEECH <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other _____ <input type="checkbox"/> English <input type="checkbox"/> Other _____ VISION/HEARING <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Other _____ COLOR <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Dusky		SKIN <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Moist <input type="checkbox"/> Edema _____ CARDIOVASCULAR <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Other _____			
GI Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Distended <input type="checkbox"/> Bowel sounds Present <input type="checkbox"/> Other _____		CURRENT PAIN <input type="checkbox"/> No Pain Scale 0-10 <u>8</u> Location/Description _____			
IVF <u>R/L</u> Rate <u>100</u> Cath <u>20</u> Site & Condition <u>① hand</u> Attempts _____ Time _____ Signature: _____					
PRE-OP MEDS	STRENGTH	FREQUENCY	ROUTE	TIME	INITIALS
LORAZEPAM	mg	X 1	SL		
VERSED	mg	X 1	PO		
ZANTAC	150 mg	X 1	PO		
METOCLOPRAMIDE	10 mg	X 1	PO		
DIAMOX	250 mg	X 1	PO		
ALBUTEROL in 3 cc NS	cc		NEB		
METHYLPREDNISOLONE	125 mg		IV		
CEFAZOLIN	1 gram	OCOR	IV		CC
VANCOMYCIN	1 gram	30 min prior to OR	IV		
EMLA CREAM		30 min prior to IV	TOPICAL		
AFRIN NASAL SPRAY		30 min prior to OR	NASAL		
INSULIN	U		SQ		
INSULIN	U		SQ		
PILOCARPINE	%	1 gtt q 5 min x 3			
SUPROFEN	0.03%	1 gtt q 5 min x 3			
FLUXAN	0.3%	1 gtt q 5 min x 3			
FLURICAMIDE	%	1 gtt q 5 min x 3			
MEYLEPHRINE	%	1 gtt q 5 min x 3			
DOLOGYL	%	1 gtt q 5 min x 3			
EPIDINE	0.5%	1 gtt q 5 min x 3			
ENTAMYCIN	0.3%	1 gtt q 5 min x 3			
CAINE	0.5%	1 gtt q 5 min x 3			
PRIVACAINE	0.5%	1 gtt q 5 min x 3			
FOCUS	GOAL	ACTION	DATE/RN		
Knowledge deficit r/t pre & post-op procedures/expectations	Patient will verbalize/demonstrate understanding of pre/post-op care	Provide written/audio/visual patient education material			
Anxiety/fear r/t anticipated surgical process	Patient/family will demonstrate decreased anxiety/fear	Explain in simple/concise descriptions the surgical/ambulatory routine			
NURSE SIGNATURE	INITIALS	NURSE SIGNATURE	INITIALS		
<u>C. Chichester RN</u>	<u>CC</u>				

PRE-ANESTHESIA EVALUATION

NAME: BARNHILL, CYNTHIA D
ACT#: 3295 SS#: 239158492
DOB: 10/15/58 AGE: 43 SEX: F
DR: DELLAERO, DAVID T MD
DOS: 09/12/02

Patient Name: Cynthia Barnhill Age: 44 MR N: _____
Surgeon: Dellaero Date of Surgery: 9-12-02
Proposed surgery: Rt shoulder scope Acromioplasty
Poss open RCR

To be completed by the Anesthesiologist/CRNA:

Allergies: PERCORTAL - 540 mg 10/10/02
NSAIDS - PUD

Medications (circle those taken pre-op)

Albuterol Inhaler
Sotalol
Celebra

Smoking Hx: φ

Previous surgery/anesthesia:

T+A
Septoplasty
MR
Lymph node
2nd thoracic surgery
2nd thoracic surgery

Medical Problems

Asthma
Depression
? low BIP - pacer
Anemia

ETOH: φ Drug Abuse: φ Family history of anesthesia problems: No ☒ Yes ☐

Pertinent physical findings: Ht. 5'9" Wt. 200 BP _____ HR _____ RR _____ T _____

Airway: ✓

Teeth: ✓

Mouth opening: N

Mallampati class: MP 2

M → H distance: _____

Neck: average short fat

Neck mobility: φ

Heart: ✓

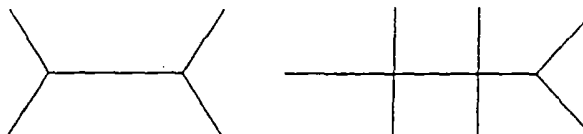
Lungs: ✓

Other: _____

Laboratory (date all)

EKG: _____

CXR: _____



Summary of problems pertinent to anesthetic plan:

ASA Physical Status: I II III IV V Emergency

Anesthetic Plan: Local/MAC Mask GA GET GA-L MA Mask Induction

Anesthetic options, procedure & risks explained to the patient &/or guardian & questions answered. They appear to understand and wish to proceed.

Signature: _____ Date: _____

Chart reviewed. Patient interviewed and examined. Interval changes since pre-op: None

Date/Time: 9/12/02

Signature: [Signature]

REVIEWED
C. Dellaero
09/12/02

NAME: BARNHILL, CYNTHIA D
 AOT#: 3295 SS#: 239158492
 DOB: 10/15/59 AGE: 43 SEX: F
 DR: DECLARRO, DAVID T MD
 DOS: 09/12/02

ANESTHESIA RECORD NORTH CAROLINA SPECIALTY HOSPITAL

MCA <u>FRANK</u> CRNA <u>CRNA</u>		MR# <u>3295</u> Date <u>9-12-02</u> OR# <u>4</u> #Rooms
Diagnosis #1 <u>RIGHT THUMB RT</u>	Sex <u>F</u> HT <u>5'9"</u> BP <u>127/71</u> ASA Class <u>2</u>	
#2	Age <u>43</u> WT <u>200</u> HR <u>101</u> HPO <u>100</u>	
Procedure #1 <u>ARTHROSCOPY (R) SHOULDER</u>	Allergies <u>PERCOCETS / NSAIDS</u>	
#2	PreMed	
PreAnesthetic State <u>ANXIOUS</u>		
AFT ID <u>Chart Check</u> <u>ROP Permit Signed</u>		

TIME	AGENTS AND DRUGS										TOTALS	
	Oxygen (LPM)	N2O/AIR (LPM)	SEVO	ISO/DES	DTC/SUX (mg)	MIDAZOLAM (mg)	FENTANYL (mcg)	PENTOTHAL (mg)	PROPOFOL (mg)	LIDOCAINE (mg)		DROPERIDOL (mg)
14:11	2	2										
14:16												
14:18												
14:37												
15:23												
15:25												
15:35												
8:4												

EVENT MARK	TOF	ECG	TEMP	PULSE OX (RA)	ET CO2	FiO2	MINUTE VENTILATION/RR	PEAK INS PRESSURE	SPO2/ASSIST/CONT.	IV FLUIDS	EST BLOOD LOSS
TOF											
ECG											
TEMP											
PULSE OX (RA)				99	98						
ET CO2											
FiO2											
MINUTE VENTILATION/RR				14	12						
PEAK INS PRESSURE											
SPO2/ASSIST/CONT.				5	5						
IV FLUIDS											
EST BLOOD LOSS											

REMARKS: TO OR #4 @ 14:16 - ROUTINE MONITORS - REEVALUATED
 15B - (2) @ 30CC N.Y. ROXAPROFEN 200mg.
 TO PAIN - GOOD CONDITION

PATIENT SAFETY	
<input checked="" type="checkbox"/> Anes. Machine # <u>4</u> <u>522</u> Checked	<input checked="" type="checkbox"/> Safety Belt On
<input checked="" type="checkbox"/> Ambobed Restraints R <u>1</u>	<input type="checkbox"/> Arms Tucked R <u>1</u>
<input checked="" type="checkbox"/> Pressure points checked & Padded	
Eye Care: <input type="checkbox"/> Ointment <input type="checkbox"/> Saline	<input type="checkbox"/> Taped <input type="checkbox"/> Pads <input type="checkbox"/> Shields
Position: <input type="checkbox"/> Supine <input checked="" type="checkbox"/> SITTING	
ANESTHETIC MONITORING	
Steth <input checked="" type="checkbox"/> Record <input type="checkbox"/> Esoph <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Non-invasive BP <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Oxygen Sensor	<input type="checkbox"/> Nerve Stimulator
<input type="checkbox"/> Gas Analyzer	<input checked="" type="checkbox"/> Suction Available
<input checked="" type="checkbox"/> EKG	<input checked="" type="checkbox"/> Pulse Oximeter
<input type="checkbox"/> Temp	<input type="checkbox"/> Skin <input type="checkbox"/> Esoph
<input type="checkbox"/> Airway Humidifier	<input type="checkbox"/> Fluid Warmer
<input type="checkbox"/> Warming Blanket	
ANESTHETIC INDICATION	
General: <input type="checkbox"/> Pre-Oxygenation <input type="checkbox"/> LTA	mg
<input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure	
<input type="checkbox"/> Mask <input type="checkbox"/> Smooth <input type="checkbox"/> IV	
Regional: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural	
<input type="checkbox"/> Axillary <input type="checkbox"/> Bier Block <input type="checkbox"/> Ankle Block	
<input type="checkbox"/> Retrobulbar Block <input type="checkbox"/> Position	
<input type="checkbox"/> Prep	
<input type="checkbox"/> Needle	
<input type="checkbox"/> Dual(s)	
<input type="checkbox"/> Dose	<input type="checkbox"/> Attempts x
<input type="checkbox"/> Site	<input type="checkbox"/> Levels
<input type="checkbox"/> Catheter	<input type="checkbox"/> See Remarks
AIRWAY MANAGEMENT	
<input checked="" type="checkbox"/> Airway Examined <u>1</u>	
Intubation by: <input type="checkbox"/> Stylet Used <input type="checkbox"/> Nasal <input type="checkbox"/> RAE	Tube Size
<input type="checkbox"/> Magills <input type="checkbox"/> Oral <input type="checkbox"/> Laser/Rein	
<input type="checkbox"/> Fiber Optic <input type="checkbox"/> Direct <input type="checkbox"/> Blind	
<input type="checkbox"/> Blade	<input type="checkbox"/> MLT
<input type="checkbox"/> Secured at <u> </u> cm	LMA size
<input type="checkbox"/> Attempts x <u> </u>	<input type="checkbox"/> ET CO2 present
<input type="checkbox"/> Breath Sounds	
<input type="checkbox"/> Uncuffed <input type="checkbox"/> Leak @ <u> </u> cm H2O	
<input type="checkbox"/> Cuffed <input type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air <input type="checkbox"/> MS	
Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Difficult	
Circuit: <input type="checkbox"/> SCSS <input type="checkbox"/> Closed	
<input type="checkbox"/> Mask Case <input type="checkbox"/> Nasal Cannula	
<input type="checkbox"/> M.A.C.	
PROCEDURE NOTES/REMARKS	
INTERVALS ON BLOCK	
TOTAL	
BLOOD LOSS <u>< 50</u>	BLOOD GIVEN <u>0</u>
URINE OUTPUT <u>0</u>	FLUIDS GIVEN <u>900</u>
PACU	
O2 Sat <u>94</u>	FiO2
B/P <u>135/72</u>	P <u>10.5</u>
T <u>36.2</u>	R <u>18</u>
<input checked="" type="checkbox"/> Awake <input type="checkbox"/> Unarousable <input type="checkbox"/> Mask O2	<input type="checkbox"/> Drugged <input type="checkbox"/> Intubated <input type="checkbox"/> T-piece O2
<input type="checkbox"/> Somnolent <input type="checkbox"/> Nasal O2 <input type="checkbox"/> Oral/Nasal	
RECOVERY NOTES	
Skin	
Respirations	
Complications	
Report Given to: RN	



Intraoperative Nursing Record

NAME: BARNHILL, CYNTHIA D
ACT#: 3295 SS#: 239155492
DOB: 10/15/58 AGE: 43 SEX: F
DR: DELLAERO, DAVID T MD
DOS: 09/12/02

Date 9/12/02 O.R. # 4 Rec'd By Clark Time In 1416 Incision 1437 Op. End 1523 Time Out 1527

To OR:

☒ Stretcher ☐ Wheelchair ☐ Arms of _____

ID Verification:

☒ Verbal ☐ ID Band ☐ Chart

Verification of Procedure/Site:

☐ Verbal ☒ Consent signed & witnessed
☐ Right ☐ Left Site Shoulder

NPO after MN:

☒ Yes ☐ No Since _____

Allergies:

☐ NKDA ☒ NSAIDS
Walnuts

Skin Condition:

☐ Warm ☐ Pale ☐ Dry
☐ Flushed ☐ Cool ☐ Diaphoretic

Mental/Emotional Status:

☒ Calm ☐ Unresponsive ☐ Agitated
☐ Oriented ☐ Sedated ☐ Apprehensive
☐ Alert ☐ Disoriented ☐ Combative

Respiratory:

☒ Spontaneous ☐ Other _____

Type Anesthesia:

☐ General ☐ MAC ☐ Local
☐ Other IS block

IV:

Site hand ☐ Right ☒ Left
Fluid: ☐ LR ☐ D5 1/2 NS
☐ NS ☐ Other _____
☐ D5 LR

Prep Solutions:

☐ N/A ☐ Betadine Prep
☐ Betadine Scrub ☐ Hibiclen
☐ Zephiran Chloride ☐ 70% Alcohol
1:750 Aqueous
By Whom: R. Dellaero

Honan Balloon _____ mm Hg

☐ N/A Time 1 _____

Tourniquet:

☒ N/A ☐ Pressure _____ mm Hg
Up at _____ Down at _____

Laser:

☒ N/A ☐ CO₂ ☐ Argon ☐ Diode

Warming Blanket:

☒ N/A ☐ Yes: Setting Manual @ _____ °F

X-Ray:

☒ N/A ☐ Yes: Unit # _____
No. Taken _____ By Whom: _____

Cautery:

☐ N/A Unit # Arthrocam
☐ Unipolar ☐ Bipolar ☐ Thermal @ 7
Setting _____
Site of Cautery Pad _____ ☐ N/A ☐ R ☐ L
Skin Prep: ☐ Intact ☐ Other: _____

Local Anesthesia ☐ N/A

☐ Cocaine ☐ Lidocaine 1%
☐ Bupivacaine 0.25% ☒ Lidocaine 1% w/Epi
☐ Bupivacaine 0.25% w/Epi ☐ Lidocaine 2%
☒ Bupivacaine 0.5% ☐ Lidocaine 2% w/Epi
☐ Bupivacaine 0.5% w/Epi ☐ Lidocaine Top. 41%
☐ Morphine ☐ Lidocaine 0.5% w/Epi
☐ Wydase
☐ Other _____

Irrigations:

☐ N/A ☒ Type 1:1:1

Personnel:

Clark Circulator
W. J. A. Scrub 1
Alfonso CST Scrub 2
Circulator Relief
Time In: _____ Time Out: _____

Scrub Relief
Time In: _____ Time Out: _____

Clark Anesthetist
Dr. Dellaero Observer

Dressing/Packing/Drains/Casts:

☐ drip pad ☐ gauze ☐ Gelfoam
☐ splints ☐ packs ☐ Telfa
☐ cotton ☐ staples wick ☐ penrose
☐ J-P/Blake ☐ NG tube ☐ cast
☐ Eye Pad/Shield ☒ Site: Shoulder
☐ Other: _____
☐ N/A ☐ Foley catheter

Specimens Sent:

☒ N/A ☐ fresh ☐ frozen
☐ regular ☐ Sent to: _____
☐ culture ☐ Time: _____

Position For Surgery:

Schlumberger
☐ Supine ☐ Prone ☐ Semi-Fowlers
☐ Lateral R ↑ ☐ Lateral L ↑ ☐ Pillow ↑ Knees
☐ Safety Strap ☐ SCD

Right Arm

☐ Armboard < _____ ° @ side

Left Arm

☐ Armboard < _____ ° @ side

Other: _____

Pads

☐ Elbows ☐ Heels ☐ Other _____

Special Considerations:

☐ Blind ☐ Right ☐ Left
☐ Hearing Loss ☐ Right ☐ Left
☐ Diabetic
☒ Hypertension Hypertension ☐ Heart Disease
☐ Pediatric age _____ ☐ Seizures
☐ Smoker ☐ Back Problems
☐ Asthma ☐ Arthritis
☐ Prosthesis Site _____
☐ In _____ ☐ Out _____
☐ Other _____

Comments _____

COUNTED ITEMS

	Initial	First	Final
Scleral Plugs			
RayTec 4 x 4	10		10
2 x 2			
Gauze Strips			
Cottonoids			
Peanuts			
Tonsil Packs			
Lap Sponges			
Cotton Balls			
Suture Needles	12		12
Blades	1		1
Other			

Time of Initial Count

1435

Time of Closing Count

1523

NC Specialty Hospital

NAME: BARNHILL, CYNTHIA D
 ACT#: 3295 SS#: 239158492
 DOB: 10/15/58 AGE: 43 SEX: F
 DR: DELLAERO, DAVID T MD
 DCS: 09/12/02

Progress Notes

Patient Name (Last, First, Initial)		Hospital No.
Date and Time of Entry		Room
	Operative Notes	
9/12/02	Pre-Op Dx: Partial Tendon RCT Chronic impingement	
	Post-Op Dx: Scar	
	Procedure: Arthroscopic scope Arthroscopy Resident Extensor	
	Anesthesia:	
	Surgeon: Dellaero	
	Assistant: Dyer	
	EBL: mm	
	Complications: d	
	Post-Op Condition: stable & PACU	
	J. Dellaero	

NOTE: Entries to be dated and signed and the profession of the recorder shown. (Please conserve space and use full width of this sheet.)

North Carolina Specialty Hosp Discharge Instructions

NAME: BARNHILL, CYNTHIA D
ACT#: 3295 SS#: 239158492
DOB: 10/15/58 AGE: 43 SEX: F
DR: DELLAERO, DAVID T MD
DOS: 09/12/02 *Dr. Dellaero*

Date 9-12-02 Time 1600 AM/PM (P)

Discharged To: ☒ Home ☐ Nursing Home ☐ Other (Specify) _____

Mode of Travel: ☐ Ambulatory ☐ Stretcher ☒ Wheelchair ☐ Other: _____

Left Accompanied By: Roommate, Debra Daulin

Medications Returned: ☐ Yes ☐ No ☒ N/A Valuable Returned: ☐ Yes ☐ No ☒ N/A

Referral to Another Agency: ☐ Yes ☒ No Name of Agency: _____

Condition on Discharge: Stable

Documentation of Patients Knowledge

(Carbon to be given to patient at time of discharge)

Diet:

- ☐ Clear Liquids
- ☒ Liquids to Soft Food
- ☐ Resume Normal Meals
- ☒ Other no greasy or fatty foods

Activity:

- ☐ Rest Remainder of Day
- ☒ Normal Activity May be Resumed
- ☒ No Lifting Heavy Objects
- ☐ May Shower and/or Bathe
- ☐ Ask Your Doctor About Your Return to Work/School
- ☒ May Drive as long as you feel comfortable

Wound Care:

- ☐ Dressing should be kept as is until seen by your doctor
- ☒ Dressing may be removed/changed on on Saturday and per doctor's order
- ☒ Specific instructions: apply pressure to wound then change dressing and shower everyday

Notify Your Doctor If Any Of The Following Occur:

- ☒ Large amounts of bleeding, drainage or swelling
- ☒ Temperature of 101 or above
- ☒ Pain unrelieved by medication
- ☒ Persistent vomiting or difficulty passing urine
- ☒ Extreme light-headedness/fainting
- ☐ Other _____

For Assistance after Discharge Day or Night:

Triangle Orthopaedics (919) 220-5255 • NC Eye & Ear Clinics (919) 682-9341

Medication & Directions for use: aspirin 20mg 1 po every 12 hrs

Pericept 5/325 mg 1-2 tabs 4-6 hrs for pain. Please call if you need more.

For the First 24-Hours:

- ☒ You may feel weak after anesthesia/surgery and/or special procedures.
- ☒ Your ability to concentrate, your balance, coordination and judgment may be impaired. You are encouraged to have someone with you for the first 24 hours.
- ☒ Do not operate a car or vehicle. Do not drink alcoholic beverages.
- ☒ Avoid making important legal or financial decisions. You may not be able to think clearly.
- ☒ Do not take tranquilizers or sleeping pills. Take pain medication as directed by doctor.

Follow-Up Appointment: Pt. Dr. Dellaero has seen her next week

The above information has been discussed with me and I understand the instructions given: ES on 9/12/02 - Pt. not already setup

Patient / Responsible Person Signature Debra Daulin Discharging Nurse Signature Annex (Adick) Date 9-12-02

Form
MRI 1/2000

**Duke University Health System
Department of Radiology**

Box 3808
Durham, NC 27710
Phone (919) 684-2711

PATIENT: BARNHILL CYNTHIA DIANE

MRN: Y70771 ACCT: 597928

LOC: PMRA_RADN - MPDC

DOB: 10/15/1958 RACE: W

SEX: F AGE on Exam Date 44 Y

6008205

RADIOLOGY DIAGNOSTIC REPORT

ORDER #: 2223500

REQUESTING MD: STUDY MDOUTSIDE, MD

ATTENDING MD: STUDY MDOUTSIDE, MD

INDICATIONS: INTERP Q/S MRI R KNEE TRIANGLE ORTHO

REPORT STATUS: FINAL

EXAMS: TRI MRI LOWER EXTREM ANY JOINT

EXAM DATE
10/10/02

EXAM ID
1936199

MRI of the right knee dated 10/9/02.

There are no old studies for comparison.

History: Auto accident in May of 2002. Medial knee pain and jointline crepitation.

Technique: Standard knee protocol.

Findings: There is no evidence of meniscal tear. The ACL and PCL are intact. There is no evidence of joint effusion. The patellar tendon and quadriceps tendons appear normal.

The medial collateral lateral collateral ligament complexes are intact. No marrow signal abnormalities are noted.

There is some mild thinning of cartilage in the posterior aspect of the lateral femoral condyle. The trochlea appears relatively shallow.

Impression:

1. No evidence of internal derangement or effusion.
2. Minimal cartilage irregularity.

I have reviewed the film and concur with the above findings.

Report Release Date/Time: 20021011081341890
Resident MD: Lindell, Kenneth

FEB 13 2003 13:10 919 9699131

TRIANGLE ORTH

#1249 P.003/003

Form
MS14CP
07/01/2000.

**Duke University Health System
Department of Radiology**

Box 3808
Durham, NC 27710
Phone (919) 884-2711

PATIENT: BARNHILL CYNTHIA DIANE

MRN: Y70771 ACCT: 587828

LOC: PMRA_RADN - MPDC

DOB: 10/15/1938 RACE: W

SEX: F AGE on Exam Date 44 Y

ORDER #: 2223500

REQUESTING MD: STUDY MDOUTSIDE, MD

ATTENDING MD: STUDY MDOUTSIDE, MD

INDICATIONS: INTERP Q/S MRI R KNEE TRIANGLE ORTHO

VERIFIED BY: ROGER L. COTHRAN, MD

APPROVING MD: ROGER L. COTHRAN, MD

Form
M2314CP
07/01/2000

Duke University Health System
Department of Radiology
Box 3808
Durham, NC 27710
Phone (919) 884-2711

6008205
PATIENT: BARNHILL, CYNTHIA DIANE
MRN: Y70771 ACCT: 111473
LOC: PMRA_RADN - MPDC
DOB: 10/15/1958 RACE: W
SEX: F AGE on Exam Date 44 Y

RADIOLOGY DIAGNOSTIC REPORT

ORDER #: 2340624

REQUESTING MD: STUDY MDOUTSIDE, MD
ATTENDING MD: STUDY MDOUTSIDE, MD
INDICATIONS: INTERP O/S MRI CSPINE TOA

REPORT STATUS: FINAL

EXAMS: TRI MRI CERVICAL SPINE

EXAM DATE 1/7/03
EXAM ID 2123439

MRI cervical spine dated 1/6/03.

History: Auto accident in May 2002. Persistent neck pain. Rule out HNP on left side.

There are no old studies for comparison.

Technique: Standard protocol without contrast.

Findings: The sagittal images there is normal alignment of the spine. There is suggestion of a mild disk bulge at C5-6. There is no evidence of tonsillar ectopia. No abnormal cord signal is noted. The signal intensity within the vertebral bodies appears normal. No fractures are noted.

Evaluation of the axial images demonstrates:

Mild disk osteophyte complex at C5-6 which minimally narrows the anterior CSF space. There is no evidence of central canal or foraminal stenosis.

Mild left foraminal narrowing is present at C7/T1 due to disk osteophyte complex.

Impression:

1. No evidence of a central canal stenosis or significant disk herniation.
2. Mild left neural foraminal narrowing at C7/T1 due to disk osteophyte complex.

Report Release Date/Time: 20030110135708450
Resident MD: Lindell, Kenneth

Jan. 7. 2003 2:47PM

No. 7710 P. 13

0005205

Sign Q

Duke University Medical Center
Department of Radiology

239-15-8492

BARNHILL, CYNTHIA DIANE

MRN: Y70771

DOB:

Sex: F

Ordering MD: STUDY MDOUTSIDE

Attending MD: STUDY MDOUTSIDE

Study Date	Accession #	Procedure Code	Procedure/Reason For Study	Order Status
1/7/2003	2340624-2123	0813X	TRI MRI CERVICAL SPINE INTERP O/S MRI CSPINE TOA	SC

***** Preliminary Report *****

MRI cervical spine dated 1/6/03.

History: Auto accident in May 2002. Persistent neck pain. Rule out HNP on left side.

There are no old studies for comparison.

Technique: Standard protocol without contrast.

Findings: The sagittal images there is normal alignment of the spine. There is suggestion of a mild disk bulge at C5-6. There is no evidence of tonsillar ectopia. No abnormal cord signal is noted. The signal intensity within the vertebral bodies appears normal. No fractures are noted.

Evaluation of the axial images demonstrates:

Mild disk osteophyte complex at C5-6 which minimally narrows the anterior CSF space. There is no evidence of central canal or foraminal stenosis.

Mild left foraminal narrowing is present at C7/T1 due to disk osteophyte complex.

Impression:

1. No evidence of a central canal stenosis or significant disk herniation.
2. Mild left neural foraminal narrowing at C7/T1 due to disk osteophyte complex.

Dictated on: 1/7/2003 1:36:32PM

Interpreted by: Sahutario Martinez

Assisted by: Kenneth Lindell

Transcribed by: PowerScribe

Form
M2314CP
07/01/2000

**Duke University Health System
Department of Radiology**

Box 3808
Durham, NC 27710
Phone (919) 684-2711

PATIENT: BARNHILL CYNTHIA DIANE

MRN: Y70771 **ACCT:** 111473

LOC: PMRA_RADN - MPDC

DOB: 10/15/1958 **RACE:** W

SEX: F **AGE on Exam Date:** 44 Y

ORDER #: 2340824

REQUESTING MD: STUDY MDOUTSIDE, MD

ATTENDING MD: STUDY MDOUTSIDE, MD

INDICATIONS: INTERP O/S MRI CSPINE TOA

VERIFIED BY: SALUTARIO MARTINEZ, MD

APPROVING MD: SALUTARIO MARTINEZ, MD

EXHIBIT D

 **COPY**


LAW GROUP, P.A.

April 11, 2003

Team 51
State Farm -- Regional Headquarters
1500 State Farm Blvd.
Charlottesville, VA 22906

RE: Our Client: Cynthia Barnhill
Insured: Cynthia Barnhill
D/A: 5/13/2002
Claim: 33 0459699
Our File No.: 203404

Dear Sir or Madam:

Please be advised that I represent Cynthia Barnhill in the above referenced matter. Medical bills for the following are enclosed:

The Family Doctor	\$ 140.00
Avalon Medical Group	180.00
Raleigh Facial	1,389.75
UNC Physicians and Assoc.	300.00
Triangle Orthopaedic Assoc.	13,167.00
Medical Modalities, Inc.	180.00
Durham Radiology Assoc.	401.00
Durham Regional Hospital	1,599.00
Durham Anesthesia Assoc.	780.00
North Carolina Specialty Hosp.	7,380.66
South Tech Ex. Inc.	625.00
Total	\$ 26,142.41

Please mail the check to our office.

If you have any questions, please give me a call.

With best wishes, I am

Sincerely,


Lisa Lanier

LL:rs
cc:Cynthia Barnhill

OFFICES IN DURHAM AND RALEIGH

600 South Duke Street / Durham, NC 27701
Phone: (919) 682-2200 / Fax: (919) 682-9622